

## EXHIBIT 64

1 IN THE UNITED STATES COURT

2 NORTHERN DISTRICT OF OHIO

3 EASTERN DIVISION

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5 IN RE: NATIONAL PRESCRIPTION

6 OPIATE LITIGATION

MDL No. 2804

7 Case No. 17-md-2804

8 Judge Dan Polster

9 This document relates to:

10 The County of Summit, Ohio, et al., v.

11 Purdue Pharma L.P., et al.,

12 Case No. 1:18-OP-45090 (N.D. Ohio)

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15  
16 VIDEOTAPED DEPOSITION OF MOLLY LECKLER

17 November 19, 2018, at 10:00 a.m.

18 Cleveland, Ohio

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21  
22  
23 Reported by:

24 Anne E. Vosburgh, CSR-6804

25 Job No. 3113667

<p style="text-align: right;">Page 38</p> <p>1 gathered from the client themselves?</p> <p>2 A. Mostly. It also entails other --</p> <p>3 for example, like I said before, if somebody</p> <p>4 is currently involved in a treatment agency,</p> <p>5 that client will sign a release of</p> <p>6 information and the assessor will then obtain</p> <p>7 information from that agency, whether it be</p> <p>8 substance abuse or mental health.</p> <p>9 Q. Okay.</p> <p>10 And you said one of the things</p> <p>11 that is assessed is history of drug use; is</p> <p>12 that right?</p> <p>13 A. That is correct.</p> <p>14 Q. And is there a time period for</p> <p>15 which you're gathering information? Is it</p> <p>16 drug use in the last three years, five years?</p> <p>17 Or is it as far back as --</p> <p>18 MR. BADALA: Objection to form.</p> <p>19 THE WITNESS: It's a lifetime.</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. And is that provided by the</p> <p>22 client?</p> <p>23 A. Yes.</p> <p>24 Q. And is anything done to verify</p> <p>25 that information that is provided by the</p>	<p style="text-align: right;">Page 40</p> <p>1 drug-dependent individuals, those</p> <p>2 meeting criteria from the DSM-IV for</p> <p>3 drug dependence and is not</p> <p>4 appropriate for those merely abusing</p> <p>5 drugs."</p> <p>6 A. Yes.</p> <p>7 Q. To your knowledge, what's the</p> <p>8 difference between someone who is drug</p> <p>9 dependent and someone who is merely abusing</p> <p>10 drugs?</p> <p>11 MR. BADALA: Objection to form.</p> <p>12 THE WITNESS: I am not a licensed</p> <p>13 independent social worker so therefore I</p> <p>14 cannot make particular diagnoses in an</p> <p>15 individual, if that makes sense.</p> <p>16 BY MR. RUIZ:</p> <p>17 Q. I totally get that, but if you</p> <p>18 have an understanding, what's the difference</p> <p>19 between someone who is drug dependent and</p> <p>20 someone who abuses drugs?</p> <p>21 MR. BADALA: Objection to form.</p> <p>22 THE WITNESS: So this</p> <p>23 participation agreement is also done for</p> <p>24 the previous version of the DSM</p> <p>25 diagnoses, so they clinically do not use</p>
<p style="text-align: right;">Page 39</p> <p>1 client?</p> <p>2 A. The only thing that's verified by</p> <p>3 the client is if they are out on bail, there</p> <p>4 could be some drug tests on record.</p> <p>5 Q. Okay.</p> <p>6 And what level of detail, if you</p> <p>7 know, is gathered about prior drug use?</p> <p>8 MR. BADALA: Objection to form.</p> <p>9 THE WITNESS: How they started,</p> <p>10 how much their current use is, if they</p> <p>11 needed to use more to get the same high,</p> <p>12 what form they use, how they use.</p> <p>13 BY MR. RUIZ:</p> <p>14 Q. What do you mean by "what form</p> <p>15 they use"?</p> <p>16 A. If they use pills, they snort</p> <p>17 pills, or if they inject pills.</p> <p>18 Q. Is any effort made to determine</p> <p>19 how they acquire drugs?</p> <p>20 MR. BADALA: Objection to form.</p> <p>21 THE WITNESS: I don't know.</p> <p>22 BY MR. RUIZ:</p> <p>23 Q. Turning back to the document, that</p> <p>24 same second bullet near the top says:</p> <p>25 "Drug Court is set up to treat</p>	<p style="text-align: right;">Page 41</p> <p>1 "drug dependent" any longer. It is now</p> <p>2 referred to as mild, moderate, and</p> <p>3 severe diagnoses.</p> <p>4 So we wouldn't use that</p> <p>5 terminology any longer. We do, however,</p> <p>6 look at cases that are moderate and</p> <p>7 severe diagnoses because it's a very</p> <p>8 strict program and it's designed to</p> <p>9 treat those that have a significant</p> <p>10 problem with pills.</p> <p>11 BY MR. RUIZ:</p> <p>12 Q. So if you -- I'm hearing you</p> <p>13 right, someone who has a mild diagnosis is</p> <p>14 ineligible for Drug Court?</p> <p>15 A. That is correct. I work for a</p> <p>16 court that has other diversionary programs,</p> <p>17 so we will at times request to the court that</p> <p>18 they review the case for eligibility for</p> <p>19 those other programs that are more designed,</p> <p>20 less intense.</p> <p>21 Q. And to your knowledge, is it</p> <p>22 possible for individuals to use drugs without</p> <p>23 developing any kind of use disorder?</p> <p>24 MR. BADALA: Objection to form.</p> <p>25 THE WITNESS: I don't know.</p>

<p style="text-align: right;">Page 42</p> <p>1 BY MR. RUIZ:</p> <p>2 Q. The employees at TASC who do the</p> <p>3 drug-dependence assessment, what occupation</p> <p>4 are they?</p> <p>5 MR. BADALA: Objection to form.</p> <p>6 BY MR. RUIZ:</p> <p>7 Q. If you know.</p> <p>8 A. What occupation?</p> <p>9 Q. Are they social workers? Are they</p> <p>10 doctors? Are they something else?</p> <p>11 A. They are social workers, and</p> <p>12 there's different levels.</p> <p>13 Q. And what are those different</p> <p>14 levels?</p> <p>15 A. So you have a licensed social</p> <p>16 worker, and you have those that also have</p> <p>17 obtained a chemical dependence lead</p> <p>18 counselor's license, and then you have those</p> <p>19 that have an independent license, and those</p> <p>20 are the individuals that can make clinical</p> <p>21 recommendations per the DSM Manual.</p> <p>22 So, for example, if someone that</p> <p>23 works for TASC that is just a licensed social</p> <p>24 worker goes in and does an assessment, that</p> <p>25 assessment has to be signed off by an</p>	<p style="text-align: right;">Page 44</p> <p>1 do on your end?</p> <p>2 A. So every case needs to be</p> <p>3 administratively transferred over to the</p> <p>4 specialty docket judge. So, therefore, I</p> <p>5 would request to the administrative and</p> <p>6 presiding judge that the case has been</p> <p>7 reviewed, deemed eligible, and request that</p> <p>8 it be transferred to the specialty docket</p> <p>9 judge.</p> <p>10 Q. And who is the -- talking just for</p> <p>11 Drug Court, the specialty docket judge is</p> <p>12 Judge Matia? Is that how you say his name?</p> <p>13 A. It's actually Judge David T.</p> <p>14 Matia.</p> <p>15 Q. Matia. Thank you.</p> <p>16 A. Yes. People do that often.</p> <p>17 Q. I will try to keep that straight</p> <p>18 throughout the day.</p> <p>19 And everything that we've talked</p> <p>20 about so far, is that process the same for</p> <p>21 the Recovery Court?</p> <p>22 A. That is correct.</p> <p>23 Q. Okay.</p> <p>24 And which judge oversees the</p> <p>25 Recovery Court?</p>
<p style="text-align: right;">Page 43</p> <p>1 independent licensed individual in order to</p> <p>2 make recommendations in the state of Ohio.</p> <p>3 Q. So we've talked about the referral</p> <p>4 process. After the referral, there's a</p> <p>5 screening for background and drug dependence;</p> <p>6 is that right?</p> <p>7 A. There's a screening. The second</p> <p>8 part is now -- not dependence, like we said.</p> <p>9 Now it's to determine the level of substance</p> <p>10 use.</p> <p>11 Q. Right. Okay.</p> <p>12 What happens after those -- after</p> <p>13 the assessment and the initial screening?</p> <p>14 A. Like I stated before, the</p> <p>15 probation officer will then go over what a</p> <p>16 potential case plan will look like, and they</p> <p>17 will have the client sign a participation</p> <p>18 agreement to make sure that they understand</p> <p>19 what the rules of the Drug Court program will</p> <p>20 be.</p> <p>21 And then they will email me to say</p> <p>22 this case is ready to go forward. And then I</p> <p>23 will do what I need to do on my end to get</p> <p>24 the case ready.</p> <p>25 Q. And what's that? What would you</p>	<p style="text-align: right;">Page 45</p> <p>1 A. Judge Joan Synenberg.</p> <p>2 Q. And is there a -- after you have</p> <p>3 transferred the docket, is there anything</p> <p>4 else that happens before formal acceptance</p> <p>5 into the program?</p> <p>6 A. At times, there could be some more</p> <p>7 discussion with the defense counsel. They</p> <p>8 are informed when the case has been deemed</p> <p>9 eligible. And then I put them on the next</p> <p>10 scheduled docket that we have scheduled. And</p> <p>11 we typically have three dockets a month, both</p> <p>12 in the morning and the afternoon.</p> <p>13 And then on Recovery Court side,</p> <p>14 same deal, three dockets a month, just in the</p> <p>15 morning time. So that entails me then going</p> <p>16 and obtaining the criminal file from the</p> <p>17 current assigned judge, and then just some</p> <p>18 paperwork.</p> <p>19 Q. And when you say there are three</p> <p>20 dockets a month, that's -- there are three</p> <p>21 essentially hearing dates?</p> <p>22 A. Correct.</p> <p>23 Q. And what goes on at those</p> <p>24 hearings?</p> <p>25 A. There's a lot that goes on in</p>

<p style="text-align: right;">Page 46</p> <p>1 those hearings. So they're called status 2 review hearings. And, on average, we see 3 about 30 cases per docket session. 4 We have cases that will go in 5 front of the judge for just a compliance 6 hearing, meaning that the client is doing 7 very well. They are going to their meetings, 8 they're going to treatment, they're testing 9 negative, they are participating. 10 So part of the standards is that 11 the judge have that one-on-one interaction 12 with the client, an average of three minutes. 13 And we have violation hearings. So, 14 therefore, you would have some clients that 15 tested positive, failed to show, failed to go 16 to group. And then we also, in that session, 17 we have cases that will be formally accepted 18 into the program. 19 So, depending on where the case 20 process is, they could plead and be 21 sentenced. We could just welcome them into 22 the program if they're already on community 23 control supervision. So a lot of things. 24 Q. And who determines whether a 25 client will be formally accepted into the</p>	<p style="text-align: right;">Page 48</p> <p>1 Q. Do you know what portion of Drug 2 Court participants are -- enter the program 3 pre-plea versus post plea? 4 A. I do not have the exact number. I 5 would say majority. 6 Q. Do you think it's more than 7 75 percent? 8 MR. BADALA: Objection to form. 9 THE WITNESS: I don't know the 10 number. I'm sorry. 11 BY MR. RUIZ: 12 Q. Okay. 13 If you turn to the page that has 14 Bates Number 218 at the bottom, under 15 "Supervision and treatment requirements," it 16 lists a number of requirements in bullet form 17 there. 18 And one of them is -- it's about 19 three-quarters of the way down the bullets on 20 the page. And it says that Drug Court 21 participants are required to pay court fines, 22 restitution, if applicable, and supervision 23 fees. 24 Do you see that? 25 A. Yes.</p>
<p style="text-align: right;">Page 47</p> <p>1 Drug Court program? 2 A. So the judge has the final 3 discretion to accept or deny a case. 4 Q. And once a client is accepted into 5 the program, is there an initial court 6 hearing that happens? 7 A. Yes. 8 Q. And you talked a little bit about 9 what goes on generally at the docket 10 hearings. But for someone who -- this is 11 their first time into the program, they've 12 just been admitted, what goes on at that 13 first status hearing? 14 A. So like I said, it depends on 15 where their case process is, if it's pre-plea 16 or post disposition. So if it's pre-plea, 17 then they will plead to the case and they 18 will be sentenced. And if they are already 19 on community control supervision, depending 20 on if the previous court held them in 21 violation, if they're referred to the program 22 at a violation. 23 So it just depends on what 24 happened prior, what exactly the criminal 25 proceedings would look like.</p>	<p style="text-align: right;">Page 49</p> <p>1 Q. Okay. 2 And how are the court fines -- are 3 the court fines set by statute or rule? 4 MR. BADALA: Objection to form. 5 THE WITNESS: It depends. Most of 6 the court fines are what happened prior 7 to their case coming to us. 8 BY MR. RUIZ: 9 Q. So they don't continue to accrue 10 court fines or fees? 11 A. No. And the great thing about 12 Drug Court is as long as you are doing what 13 you're supposed to and you're in what we call 14 the honor box, meaning doing well, you get to 15 sit like where a jury would sit in a 16 courtroom. They receive an incentive in the 17 sense that we deduct \$20 off their court 18 costs. And that's a way for us to provide 19 more incentive to stay on the right track. 20 Q. And what about restitution? Is 21 that restitution that is ordered as part of 22 their -- the disposition of the case? 23 MR. BADALA: Objection to form. 24 THE WITNESS: Restitution is 25 determined by the prosecutor. The</p>

<p style="text-align: right;">Page 50</p> <p>1 client is aware of that, and that's</p> <p>2 something that defense counsel discusses</p> <p>3 with the client.</p> <p>4 BY MR. RUIZ:</p> <p>5 Q. Do you have any knowledge of to</p> <p>6 whom that restitution is paid?</p> <p>7 A. It's always stated on the record.</p> <p>8 And it's in the journal entry.</p> <p>9 Q. Does restitution ever get paid to</p> <p>10 the court?</p> <p>11 A. The restitution gets paid to --</p> <p>12 they submit their restitution to the</p> <p>13 probation department, which is underneath the</p> <p>14 court, and then is then provided to the</p> <p>15 victim.</p> <p>16 Q. In the -- in the case in which</p> <p>17 someone is arrested for a drug crime, do you</p> <p>18 know if there's ever an instance in which</p> <p>19 someone is ordered to pay restitution to the</p> <p>20 court system or to the Drug Court program?</p> <p>21 MR. BADALA: Objection to form.</p> <p>22 THE WITNESS: I don't know.</p> <p>23 Typically drug cases do not have</p> <p>24 restitution. Those are theft and</p> <p>25 robbery cases.</p>	<p style="text-align: right;">Page 52</p> <p>1 aggregated form?</p> <p>2 MR. BADALA: Objection to form.</p> <p>3 THE WITNESS: I don't know.</p> <p>4 BY MR. RUIZ:</p> <p>5 Q. Do you have any idea what the</p> <p>6 average court costs are per person?</p> <p>7 MR. BADALA: Objection to form.</p> <p>8 THE WITNESS: I don't know. I</p> <p>9 know that majority of cases do not have</p> <p>10 much court costs when they graduate.</p> <p>11 BY MR. RUIZ:</p> <p>12 Q. And is there a maximum deduction</p> <p>13 that they can achieve?</p> <p>14 A. Is there a maximum deduction that</p> <p>15 they can attain, meaning like is there -- do</p> <p>16 we like only allow them \$100 maximum to get</p> <p>17 deducted?</p> <p>18 Q. Right.</p> <p>19 A. No.</p> <p>20 Q. So they can go all the way to</p> <p>21 zero?</p> <p>22 A. That is correct.</p> <p>23 Q. As a client is going through the</p> <p>24 process and has a background check done, a</p> <p>25 drug-dependence assessment, or -- I'm sorry.</p>
<p style="text-align: right;">Page 51</p> <p>1 BY MR. RUIZ:</p> <p>2 Q. Okay.</p> <p>3 And you said that for clients that</p> <p>4 are in the honor box, they get \$20 off their</p> <p>5 court costs?</p> <p>6 A. That is correct.</p> <p>7 Q. How often does -- assuming that</p> <p>8 the client is -- stays in the honor box, how</p> <p>9 often is the \$20 deducted?</p> <p>10 A. Every time they're in court. So</p> <p>11 it depends on what phase they're in.</p> <p>12 Q. Because during different phases,</p> <p>13 they might be coming to court more often or</p> <p>14 less often?</p> <p>15 MR. BADALA: Objection to form.</p> <p>16 THE WITNESS: That is correct.</p> <p>17 BY MR. RUIZ:</p> <p>18 Q. And earlier I asked you about the</p> <p>19 number of participants that enter the program</p> <p>20 pre-plea versus post plea. Is that recorded</p> <p>21 anywhere?</p> <p>22 A. It's in our criminal dockets. So,</p> <p>23 yes.</p> <p>24 Q. Is there any way -- is there</p> <p>25 anywhere where that information is kept in an</p>	<p style="text-align: right;">Page 53</p> <p>1 What is it called now instead of a</p> <p>2 drug-dependence assessment?</p> <p>3 A. They just don't use the word</p> <p>4 "dependence." They use diagnoses. So either</p> <p>5 mild, moderate, or severe.</p> <p>6 Q. So a drug diagnosis assessment, is</p> <p>7 that information -- where is that information</p> <p>8 kept?</p> <p>9 MR. BADALA: Objection to form.</p> <p>10 THE WITNESS: The information or</p> <p>11 the assessment?</p> <p>12 BY MR. RUIZ:</p> <p>13 Q. If I wanted to look at a record of</p> <p>14 the assessment for a Drug Court client, where</p> <p>15 would I go to find it?</p> <p>16 A. You would not be able to.</p> <p>17 Q. Why not?</p> <p>18 A. Because of HIPAA.</p> <p>19 Q. So assuming HIPAA was not an</p> <p>20 issue, where would you go to find that</p> <p>21 document?</p> <p>22 A. You would have to go to the TASC</p> <p>23 department who did the assessment.</p> <p>24 Q. And so you don't have a copy of</p> <p>25 that, as Drug Court coordinator, in your</p>



<p style="text-align: right;">Page 54</p> <p>1 files anywhere?</p> <p>2 A. Absolutely.</p> <p>3 Q. I'm sorry. Absolutely you do or</p> <p>4 you do not?</p> <p>5 A. Absolutely I do.</p> <p>6 Q. Okay.</p> <p>7 So you have access to that file as</p> <p>8 well?</p> <p>9 A. Absolutely.</p> <p>10 Q. And for any given client, what</p> <p>11 other information are you keeping -- either</p> <p>12 electronically or in hard copy -- about that</p> <p>13 patient throughout the program?</p> <p>14 MR. BADALA: Objection to form.</p> <p>15 THE WITNESS: What kind of</p> <p>16 information am I keeping document-wise?</p> <p>17 BY MR. RUIZ:</p> <p>18 Q. Yes.</p> <p>19 A. Progress reports, progress reports</p> <p>20 given by the case manager, progress reports</p> <p>21 given by the probation officer, record of</p> <p>22 drug tests, releases of information, maybe a</p> <p>23 mental health assessment if they need mental</p> <p>24 health linkage.</p> <p>25 Q. And do you keep that information</p>	<p style="text-align: right;">Page 56</p> <p>1 Q. Let's start with Drug Court.</p> <p>2 A. Okay. So in Drug Court, in our</p> <p>3 morning docket, we have two case managers.</p> <p>4 In the afternoon docket, we have one.</p> <p>5 Q. And how many clients do they</p> <p>6 manage at a given time?</p> <p>7 A. They manage about 40 cases at any</p> <p>8 given time.</p> <p>9 Q. Okay.</p> <p>10 A. Our afternoon docket generally is</p> <p>11 a little bit -- a little bit more of a</p> <p>12 strenuous -- they have a little bit more</p> <p>13 cases. That's all opiate abuse cases.</p> <p>14 Q. And the -- so it's three separate</p> <p>15 people, the three case managers?</p> <p>16 A. That is correct.</p> <p>17 Q. Switching over to the Recovery</p> <p>18 Court, how many case managers are there?</p> <p>19 A. We have two.</p> <p>20 Q. And how many clients do each of</p> <p>21 those case managers serve?</p> <p>22 A. Those also have about 40 cases</p> <p>23 each.</p> <p>24 Q. Now, in terms of the treatment</p> <p>25 plan -- what are the different treatment</p>
<p style="text-align: right;">Page 55</p> <p>1 after a client has graduated from the</p> <p>2 program?</p> <p>3 A. Yes.</p> <p>4 Q. And how long do you keep that</p> <p>5 information?</p> <p>6 A. Forever.</p> <p>7 Q. So you haven't destroyed or</p> <p>8 deleted files of clients that have graduated</p> <p>9 from the program?</p> <p>10 MR. BADALA: Objection, form.</p> <p>11 THE WITNESS: No.</p> <p>12 BY MR. RUIZ:</p> <p>13 Q. At some point a treatment plan is</p> <p>14 created for the client; is that right?</p> <p>15 A. That is correct.</p> <p>16 Q. And how is that created?</p> <p>17 A. A treatment plan is created by the</p> <p>18 case manager. And treatment plans are</p> <p>19 created with the client.</p> <p>20 Q. And the case manager is the TASC</p> <p>21 case manager; is that right?</p> <p>22 A. Correct.</p> <p>23 Q. And how many different TASC case</p> <p>24 managers are there?</p> <p>25 A. Which docket?</p>	<p style="text-align: right;">Page 57</p> <p>1 options that the Drug Court program offers?</p> <p>2 A. Do you mean like level of</p> <p>3 treatment, like where they go for treatment,</p> <p>4 like residential or IOP, which is intensive</p> <p>5 outpatient treatment, and then there would be</p> <p>6 non-intensive outpatient treatment.</p> <p>7 Q. Well, let me back up, actually.</p> <p>8 When a treatment plan is</p> <p>9 developed, what is part of that plan?</p> <p>10 MR. BADALA: Objection, form.</p> <p>11 THE WITNESS: Part of that plan is</p> <p>12 what form of treatment they're going to</p> <p>13 start.</p> <p>14 BY MR. RUIZ:</p> <p>15 Q. What do you mean by that?</p> <p>16 A. So there's different levels of</p> <p>17 treatment. So one could go into residential</p> <p>18 treatment, one could go into intensive</p> <p>19 outpatient treatment, and one could go into</p> <p>20 outpatient treatment. So that would be a</p> <p>21 part of the case plan.</p> <p>22 Q. Okay.</p> <p>23 A. Also, any other needs that need to</p> <p>24 be addressed, anywhere from going to take,</p> <p>25 you know, HIV testing to linkage with mental</p>

<p style="text-align: right;">Page 58</p> <p>1 health counseling. So there's a lot of</p> <p>2 services that is -- that a client may</p> <p>3 participate in, and it changes as different</p> <p>4 goals are met.</p> <p>5 Q. And for the different treatment</p> <p>6 options that you have, how do those get</p> <p>7 fulfilled? Do you have contracts with</p> <p>8 providers, treatment providers?</p> <p>9 A. Yes.</p> <p>10 Q. And what are the different</p> <p>11 treatment providers that you have contracts</p> <p>12 with?</p> <p>13 A. We have treatment -- contracts</p> <p>14 with numerous providers: Catholic Charities,</p> <p>15 Community Assessment &amp; Treatment Services,</p> <p>16 Stella Maris, and with TASC itself that runs</p> <p>17 some intensive outpatient treatment groups.</p> <p>18 Q. And how is it determined where a</p> <p>19 client goes?</p> <p>20 A. So -- a lot of different things:</p> <p>21 Where they've been previously, what needs</p> <p>22 they have, medication-assisted treatment</p> <p>23 recommendations, and some other things.</p> <p>24 Q. Okay.</p> <p>25 And what is medication-assisted</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. And is that for the Drug Court?</p> <p>2 A. That is correct. The Recovery</p> <p>3 Court is all opiate. The afternoon docket is</p> <p>4 all opiate. So just that morning docket.</p> <p>5 We also have those that have</p> <p>6 opiate-use disorder. However, keep in mind,</p> <p>7 Recovery Court is just opiate. The afternoon</p> <p>8 docket is just opiate.</p> <p>9 Q. So when you say "opiate," I want</p> <p>10 to make sure that we're talking about the</p> <p>11 same things.</p> <p>12 What is an opiate, to your</p> <p>13 knowledge?</p> <p>14 A. To my knowledge, an opiate is a</p> <p>15 painkiller.</p> <p>16 Q. Okay.</p> <p>17 And what is the basis for your</p> <p>18 knowledge about opioids?</p> <p>19 A. I've attended training, both local</p> <p>20 and -- about every other year, I attend</p> <p>21 training, the NADCP, which is National</p> <p>22 Association of Drug Court Professionals.</p> <p>23 Q. And what kind of trainings have</p> <p>24 you attended?</p> <p>25 A. All different kinds.</p>
<p style="text-align: right;">Page 59</p> <p>1 treatment?</p> <p>2 A. Medication-assisted treatment is</p> <p>3 basically -- just kind of like it says,</p> <p>4 basically those that want to participate in</p> <p>5 medication to help them deal with their</p> <p>6 opiate use.</p> <p>7 So, for example, Vivitrol,</p> <p>8 Subutex, methadone.</p> <p>9 Q. And you said -- what you just said</p> <p>10 was that you could use medically-assisted</p> <p>11 treatment for people that have -- that use</p> <p>12 opioids, opiates; is that right?</p> <p>13 A. That is correct.</p> <p>14 Q. Are there also clients within the</p> <p>15 Drug Court program that are admitted for</p> <p>16 non-opiate-related diagnoses?</p> <p>17 MR. BADALA: Objection to form.</p> <p>18 THE WITNESS: Yes.</p> <p>19 BY MR. RUIZ:</p> <p>20 Q. And do you have a sense of what</p> <p>21 percentage of Drug Court program participants</p> <p>22 are -- have opiate versus non-opiate</p> <p>23 diagnoses?</p> <p>24 A. I can give you an estimate, and</p> <p>25 it's about 85 percent are opiate.</p>	<p style="text-align: right;">Page 61</p> <p>1 Q. The trainings that you have</p> <p>2 attended, are they for a specific license</p> <p>3 that you have, or just in connection with</p> <p>4 your position in the Drug Court?</p> <p>5 MR. BADALA: Objection to form.</p> <p>6 THE WITNESS: It's just connection</p> <p>7 with the profession that I work with.</p> <p>8 BY MR. RUIZ:</p> <p>9 Q. And these trainings that you go</p> <p>10 to, are they related to substance abuse,</p> <p>11 generally?</p> <p>12 MR. BADALA: Objection to form.</p> <p>13 THE WITNESS: Mostly.</p> <p>14 BY MR. RUIZ:</p> <p>15 Q. Are any of them specific to</p> <p>16 opiates or opioids?</p> <p>17 MR. BADALA: Objection to form.</p> <p>18 THE WITNESS: Yes.</p> <p>19 BY MR. RUIZ:</p> <p>20 Q. And can you recall any of them</p> <p>21 that were specific to opiates?</p> <p>22 A. Yes. I attend different</p> <p>23 presentations that courts may do -- what</p> <p>24 they're doing to treat opiate use, from the</p> <p>25 initial -- like an Opiate 101 to the</p>



<p style="text-align: right;">Page 62</p> <p>1 innovative programs that other things --</p> <p>2 services that other programs have done, how</p> <p>3 they started expanding their services, and</p> <p>4 different things that they've done to monitor</p> <p>5 those that suffer from opiate-use disorder.</p> <p>6 Q. What's the most recent one that</p> <p>7 you can remember that you've attended?</p> <p>8 A. So last month -- well, yeah, last</p> <p>9 month. The Ohio Supreme Court puts on a</p> <p>10 specialized docket conference. So I attended</p> <p>11 that conference.</p> <p>12 Q. And how did that relate to</p> <p>13 opiates?</p> <p>14 A. I had the opportunity to witness</p> <p>15 Summit County's presentation.</p> <p>16 Q. And Summit County made a</p> <p>17 presentation. What was their presentation</p> <p>18 about?</p> <p>19 A. So they presented on -- they have</p> <p>20 a drug therapy dog. They also have</p> <p>21 collaboration with their local YMCA. So it</p> <p>22 was just kind of a neat conversation with</p> <p>23 them to see what they're doing.</p> <p>24 Also, with their forms of</p> <p>25 medication as to treatment, what they use,</p>	<p style="text-align: right;">Page 64</p> <p>1 example, the specialized docket conference, I</p> <p>2 was unable to attend some other training that</p> <p>3 was going on in the same session. So you can</p> <p>4 go onto the website and obtain their</p> <p>5 PowerPoints.</p> <p>6 Q. Is it ever the case where</p> <p>7 conference or training materials are provided</p> <p>8 to you electronically to download to your</p> <p>9 computer?</p> <p>10 MR. BADALA: Objection, form.</p> <p>11 THE WITNESS: Anyone can.</p> <p>12 BY MR. RUIZ:</p> <p>13 Q. Would you have copies of those</p> <p>14 trainings on your computer?</p> <p>15 MR. BADALA: Objection to form.</p> <p>16 THE WITNESS: Yes.</p> <p>17 BY MR. RUIZ:</p> <p>18 Q. Okay.</p> <p>19 Can you give me an example of an</p> <p>20 opioid?</p> <p>21 A. An example of an opioid.</p> <p>22 Percocet, OxyContin, Vicodin. Also heroin,</p> <p>23 fentanyl. Those are just some examples.</p> <p>24 Q. Drugs like cocaine,</p> <p>25 methamphetamine, marijuana, Xanax, Adderall,</p>
<p style="text-align: right;">Page 63</p> <p>1 their different treatment options that they</p> <p>2 have.</p> <p>3 Q. Prior to the conference that you</p> <p>4 went to last month, what's the most recent</p> <p>5 one that you can remember that you attended</p> <p>6 relating to opioids?</p> <p>7 A. I don't remember.</p> <p>8 Q. How many would you say that you</p> <p>9 have attended relating to opioids?</p> <p>10 MR. BADALA: Objection, form.</p> <p>11 THE WITNESS: I don't know.</p> <p>12 BY MR. RUIZ:</p> <p>13 Q. Would you say it's more than five?</p> <p>14 MR. BADALA: Objection to form.</p> <p>15 THE WITNESS: I don't know.</p> <p>16 BY MR. RUIZ:</p> <p>17 Q. Do you -- when you attend these</p> <p>18 conferences or trainings, do you get written</p> <p>19 materials?</p> <p>20 A. Yes.</p> <p>21 Q. Do you keep those materials?</p> <p>22 A. Yes.</p> <p>23 Q. Do you also sometimes get</p> <p>24 materials electronically?</p> <p>25 A. I may at times -- like, for</p>	<p style="text-align: right;">Page 65</p> <p>1 those aren't opioids, to your knowledge,</p> <p>2 right?</p> <p>3 MR. BADALA: Objection, form.</p> <p>4 THE WITNESS: That is correct.</p> <p>5 BY MR. RUIZ:</p> <p>6 Q. And you understand that some</p> <p>7 opioids have legitimate medical purposes?</p> <p>8 MR. BADALA: Objection to form.</p> <p>9 THE WITNESS: I don't know.</p> <p>10 BY MR. RUIZ:</p> <p>11 Q. You don't know?</p> <p>12 A. I don't know. I'm not a doctor.</p> <p>13 I don't know.</p> <p>14 Q. Well, do you know that opioids are</p> <p>15 sometimes prescribed to individuals?</p> <p>16 MR. BADALA: Objection, form.</p> <p>17 THE WITNESS: Yes. I know that</p> <p>18 opioids are prescribed to those -- to</p> <p>19 people.</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. And do you know that opioids --</p> <p>22 certain opioids have been approved by the</p> <p>23 FDA?</p> <p>24 MR. BADALA: Objection, form.</p> <p>25 THE WITNESS: I do not. I'm not a</p>

<p style="text-align: right;">Page 66</p> <p>1 physician. 2 BY MR. RUIZ: 3 Q. Do you know that the DEA regulates 4 opioids? 5 MR. BADALA: Objection, form. 6 THE WITNESS: I do not. I do not 7 work for the DEA. I just work in the 8 Drug Court. So I just work with what 9 happens after those have substance-abuse 10 disorders, including opiates. 11 BY MR. RUIZ: 12 Q. I know you don't work for the DEA. 13 I'm just wondering if you know that the DEA 14 regulates opioids. 15 MR. BADALA: Objection, form. 16 THE WITNESS: No, I do not. 17 MR. RUIZ: Okay. 18 MR. BADALA: Is it a good time to 19 take a five-minute break? We've been 20 going about an hour. 21 MR. RUIZ: Yeah. 22 THE VIDEOGRAPHER: Off the record. 23 11:25. 24 (Recess taken.) 25 THE VIDEOGRAPHER: We're back on</p>	<p style="text-align: right;">Page 68</p> <p>1 obtain a prescription from a physician. 2 BY MR. RUIZ: 3 Q. Okay. 4 So they obtain a prescription from 5 a physician and then what? 6 MR. BADALA: Objection to form. 7 THE WITNESS: Then I don't know. 8 BY MR. RUIZ: 9 Q. Okay. 10 And you don't know how opioids are 11 regulated at the federal level? 12 MR. BADALA: Objection to form. 13 THE WITNESS: I do not. 14 BY MR. RUIZ: 15 Q. Do you know anything about how 16 they're regulated at the state level? 17 A. I do not. 18 Q. You're not familiar with how the 19 Ohio Board of Pharmacy regulates opioids? 20 MR. BADALA: Objection to form. 21 THE WITNESS: I do not. 22 BY MR. RUIZ: 23 Q. Okay. 24 You understand that some opioids 25 can be obtained by prescription and others</p>
<p style="text-align: right;">Page 67</p> <p>1 the record. 11:38. 2 BY MR. RUIZ: 3 Q. Ms. Leckler, I asked you earlier 4 if you knew that some opioids have legitimate 5 medical uses, and you said you're not a 6 doctor. But you know that some opioids are 7 legal, right? 8 MR. BADALA: Objection to form. 9 THE WITNESS: I know that some 10 opiates are legal? 11 BY MR. RUIZ: 12 Q. Yes. That's my question. 13 MR. BADALA: Same objection. 14 THE WITNESS: Rephrase it? 15 BY MR. RUIZ: 16 Q. Do you know that it is possible 17 for a person to legally get an opioid? 18 MR. BADALA: Objection to form. 19 THE WITNESS: Yes. 20 BY MR. RUIZ: 21 Q. What do you know about the 22 circumstances under which someone could 23 legally obtain an opioid? 24 MR. BADALA: Objection to form. 25 THE WITNESS: Meaning they would</p>	<p style="text-align: right;">Page 69</p> <p>1 cannot? Do you know that? 2 MR. BADALA: Objection to form. 3 THE WITNESS: Do I understand that 4 some opiates can be -- opioids can be 5 obtained by prescription and some 6 cannot? 7 BY MR. RUIZ: 8 Q. Right. 9 MR. BADALA: Same objection. 10 THE WITNESS: Yes. 11 BY MR. RUIZ: 12 Q. For instance, Vicodin, you could 13 obtain a prescription for Vicodin? 14 MR. BADALA: Objection to form. 15 THE WITNESS: Someone could. 16 BY MR. RUIZ: 17 Q. Someone could? 18 A. Yes. 19 Q. But no one can obtain a 20 prescription for heroin? 21 A. That is correct. 22 Q. But those are both opioids? 23 A. That is correct. 24 Q. Right. Okay. 25 Now, for prescription opioids, do</p>

<p style="text-align: right;">Page 70</p> <p>1 you have any understanding of how those drugs</p> <p>2 make their way from a manufacturer to a</p> <p>3 patient?</p> <p>4 A. I do not.</p> <p>5 Q. Okay.</p> <p>6 So you don't know -- do you know</p> <p>7 that manufacturers make opioids?</p> <p>8 MR. BADALA: Objection to form.</p> <p>9 THE WITNESS: I do not.</p> <p>10 BY MR. RUIZ:</p> <p>11 Q. Do you know that certain</p> <p>12 distributors distribute opioids?</p> <p>13 MR. BADALA: Objection to form.</p> <p>14 THE WITNESS: I do not.</p> <p>15 BY MR. RUIZ:</p> <p>16 Q. But you do know that doctors can</p> <p>17 prescribe opioids?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know that pharmacies can</p> <p>20 dispense opioids?</p> <p>21 MR. BADALA: Objection to form.</p> <p>22 THE WITNESS: Yes.</p> <p>23 BY MR. RUIZ:</p> <p>24 Q. Okay.</p> <p>25 Do you know that insurance can</p>	<p style="text-align: right;">Page 72</p> <p>1 medicine is appropriate for a patient?</p> <p>2 MR. BADALA: Objection to form.</p> <p>3 THE WITNESS: I do not. Like I</p> <p>4 said before, I am not a physician. I do</p> <p>5 not know.</p> <p>6 BY MR. RUIZ:</p> <p>7 Q. I'm not asking if you're a</p> <p>8 physician. I'm not asking for your medical</p> <p>9 opinion. I'm just asking for your opinion as</p> <p>10 someone who works in the Drug Court for</p> <p>11 almost ten years --</p> <p>12 A. Uh-huh.</p> <p>13 Q. -- and has a lot of knowledge</p> <p>14 around substance abuse and has gone to</p> <p>15 opioid-specific trainings.</p> <p>16 Do you agree that a prescriber is</p> <p>17 the one who determines whether a medication</p> <p>18 is appropriate for someone or not?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 Asked and answered.</p> <p>21 THE WITNESS: I don't know.</p> <p>22 BY MR. RUIZ:</p> <p>23 Q. Do you know whether it's up to the</p> <p>24 prescriber to weigh the risks and benefits of</p> <p>25 a particular medication for a patient?</p>
<p style="text-align: right;">Page 71</p> <p>1 reimburse for opioid prescriptions?</p> <p>2 MR. BADALA: Objection to form.</p> <p>3 THE WITNESS: I do not.</p> <p>4 BY MR. RUIZ:</p> <p>5 Q. Do you know if Medicaid reimburses</p> <p>6 for opioid prescriptions?</p> <p>7 MR. BADALA: Objection to form.</p> <p>8 THE WITNESS: I do not.</p> <p>9 BY MR. RUIZ:</p> <p>10 Q. Or if they cover opioid</p> <p>11 prescriptions?</p> <p>12 MR. BADALA: Objection to form.</p> <p>13 THE WITNESS: I do not.</p> <p>14 BY MR. RUIZ:</p> <p>15 Q. You said that a person might be</p> <p>16 able to obtain a prescription for an opioid</p> <p>17 from a physician.</p> <p>18 Do you know who else a person</p> <p>19 might be able to obtain a prescription for an</p> <p>20 opioid from?</p> <p>21 MR. BADALA: Objection to form.</p> <p>22 THE WITNESS: I do not.</p> <p>23 BY MR. RUIZ:</p> <p>24 Q. Would you agree that a prescriber</p> <p>25 is the one who determines whether a given</p>	<p style="text-align: right;">Page 73</p> <p>1 MR. BADALA: Objection to form.</p> <p>2 THE WITNESS: I do not know.</p> <p>3 BY MR. RUIZ:</p> <p>4 Q. A prescriber is usually going to</p> <p>5 know a patient's medical history, right?</p> <p>6 MR. BADALA: Objection to form.</p> <p>7 THE WITNESS: I have no idea.</p> <p>8 BY MR. RUIZ:</p> <p>9 Q. Well, you've had experience with</p> <p>10 doctors before?</p> <p>11 MR. BADALA: Is that a question?</p> <p>12 MR. RUIZ: Yeah.</p> <p>13 BY MR. RUIZ:</p> <p>14 Q. Have you had experience with</p> <p>15 doctors before?</p> <p>16 MR. BADALA: You don't have to</p> <p>17 disclose your medical history.</p> <p>18 MR. RUIZ: I'm not asking her to</p> <p>19 disclose her medical history.</p> <p>20 MR. BADALA: I'm just making it</p> <p>21 clear.</p> <p>22 THE WITNESS: Have I been to the</p> <p>23 doctor before?</p> <p>24 BY MR. RUIZ:</p> <p>25 Q. Yes.</p>

<p style="text-align: right;">Page 74</p> <p>1 A. Yes, I've been to the doctor</p> <p>2 before.</p> <p>3 Q. And do you give medical history</p> <p>4 when you do that?</p> <p>5 A. Sometimes.</p> <p>6 Q. Do you give family history, family</p> <p>7 medical history?</p> <p>8 A. I guess.</p> <p>9 Q. Sometimes?</p> <p>10 A. Yes.</p> <p>11 Q. Okay.</p> <p>12 And do you know that prescription</p> <p>13 medications come with instructions?</p> <p>14 MR. BADALA: Objection to form.</p> <p>15 THE WITNESS: I do not know.</p> <p>16 BY MR. RUIZ:</p> <p>17 Q. You don't know if prescription</p> <p>18 medications come with instructions?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 THE WITNESS: I do not know.</p> <p>21 BY MR. RUIZ:</p> <p>22 Q. Do you know if they come with</p> <p>23 warnings?</p> <p>24 MR. BADALA: Objection to form.</p> <p>25 THE WITNESS: I do not know.</p>	<p style="text-align: right;">Page 76</p> <p>1 You don't know if prescription</p> <p>2 opioids have -- come with instructions?</p> <p>3 MR. BADALA: Objection to form.</p> <p>4 THE WITNESS: Yes. They would</p> <p>5 come with instructions.</p> <p>6 BY MR. RUIZ:</p> <p>7 Q. Okay.</p> <p>8 And when a medication comes with</p> <p>9 instructions, it's up to the patient to</p> <p>10 follow those instructions, right?</p> <p>11 MR. BADALA: Objection to form.</p> <p>12 THE WITNESS: I don't know.</p> <p>13 BY MR. RUIZ:</p> <p>14 Q. Okay.</p> <p>15 And if a prescription is written</p> <p>16 for a patient, it's written for that</p> <p>17 particular patient, right?</p> <p>18 MR. BADALA: Objection to form.</p> <p>19 THE WITNESS: I guess, yes.</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. If a doctor writes you a</p> <p>22 prescription, you're not supposed to share</p> <p>23 that with a family member or a friend?</p> <p>24 MR. BADALA: Objection to form.</p> <p>25 THE WITNESS: That is correct.</p>
<p style="text-align: right;">Page 75</p> <p>1 BY MR. RUIZ:</p> <p>2 Q. Have you ever looked at a</p> <p>3 prescription medication before?</p> <p>4 MR. BADALA: Objection to form.</p> <p>5 Are we talking about opioids? I'm</p> <p>6 confused now.</p> <p>7 MR. RUIZ: No. I'm just talking</p> <p>8 about prescription medications in</p> <p>9 general.</p> <p>10 THE WITNESS: Have I ever read</p> <p>11 instructions on prescription</p> <p>12 medications? Is that what you're</p> <p>13 asking?</p> <p>14 BY MR. RUIZ:</p> <p>15 Q. No. I'm asking if you've ever</p> <p>16 looked at, for instance, a bottle of</p> <p>17 prescription drugs. It doesn't have to be</p> <p>18 opioids.</p> <p>19 A. Yes. I have looked at a bottle</p> <p>20 of -- a prescription.</p> <p>21 Q. Did that bottle have instructions?</p> <p>22 A. Yes.</p> <p>23 Q. Did it have warnings?</p> <p>24 A. I don't know.</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 77</p> <p>1 BY MR. RUIZ:</p> <p>2 Q. Okay.</p> <p>3 And, in fact, someone taking a</p> <p>4 prescription medication that they have not</p> <p>5 been prescribed is illegal, right?</p> <p>6 MR. BADALA: Objection to form.</p> <p>7 THE WITNESS: That is correct.</p> <p>8 BY MR. RUIZ:</p> <p>9 Q. Okay.</p> <p>10 And is that a form of diversion?</p> <p>11 MR. BADALA: Objection to form.</p> <p>12 THE WITNESS: I don't know what</p> <p>13 the term is called.</p> <p>14 BY MR. RUIZ:</p> <p>15 Q. Are you familiar with the term</p> <p>16 "diversion"?</p> <p>17 A. I'm familiar with the term of</p> <p>18 diversion. It's used a lot in the courtroom</p> <p>19 when it's talking about expunging and not</p> <p>20 expunging cases.</p> <p>21 Q. Are you familiar with the term</p> <p>22 "diversion" as it relates to drug use?</p> <p>23 MR. BADALA: Objection to form.</p> <p>24 THE WITNESS: No.</p> <p>25</p>

<p style="text-align: right;">Page 78</p> <p>1 BY MR. RUIZ:</p> <p>2 Q. So you have never heard the term</p> <p>3 "diverted drug"?</p> <p>4 A. I have heard it, but I do not</p> <p>5 understand the definition.</p> <p>6 Q. Okay.</p> <p>7 Do you agree that once -- that</p> <p>8 someone might have a valid prescription for</p> <p>9 an opioid and then choose to sell it on the</p> <p>10 street?</p> <p>11 MR. BADALA: Objection to form.</p> <p>12 THE WITNESS: Say it again? I'm</p> <p>13 sorry.</p> <p>14 BY MR. RUIZ:</p> <p>15 Q. Do you agree that someone might</p> <p>16 have a valid prescription for an opioid and</p> <p>17 then can choose to sell it on the street?</p> <p>18 MR. BADALA: Objection to form.</p> <p>19 THE WITNESS: I don't know.</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. Have you ever heard of that</p> <p>22 happening?</p> <p>23 A. Yes. Narcotics do have a street</p> <p>24 value. All drugs have a street value.</p> <p>25 Q. Have you heard of prescription</p>	<p style="text-align: right;">Page 80</p> <p>1 MR. BADALA: Objection to form.</p> <p>2 THE WITNESS: Say that again? I'm</p> <p>3 sorry.</p> <p>4 BY MR. RUIZ:</p> <p>5 Q. Have you ever encountered a client</p> <p>6 who was arrested for taking a prescription</p> <p>7 opioid that was prescribed by a doctor?</p> <p>8 A. Have I ever taken a case of</p> <p>9 someone that was taking a prescription that</p> <p>10 they were described [sic] for?</p> <p>11 Q. That they were prescribed by a</p> <p>12 doctor.</p> <p>13 A. Well, yes.</p> <p>14 Q. So they were -- tell me about</p> <p>15 that.</p> <p>16 A. So, for example, I see a lot of</p> <p>17 clients that were in a car accident, had</p> <p>18 dental work, had surgery, they were</p> <p>19 prescribed opiates, and they've continued to</p> <p>20 use it well after it was ongoingly being</p> <p>21 prescribed. A lot of times you see cases</p> <p>22 that, unfortunately, start using heroin.</p> <p>23 I can give you a specific example,</p> <p>24 if you would like.</p> <p>25 Q. So that's actually a different</p>
<p style="text-align: right;">Page 79</p> <p>1 opioids being stolen from hospitals?</p> <p>2 MR. BADALA: Objection to form.</p> <p>3 THE WITNESS: I don't know.</p> <p>4 BY MR. RUIZ:</p> <p>5 Q. Being stolen from medicine</p> <p>6 cabinets?</p> <p>7 MR. BADALA: Objection to form.</p> <p>8 THE WITNESS: I don't know.</p> <p>9 BY MR. RUIZ:</p> <p>10 Q. You haven't heard any stories of</p> <p>11 people doing that?</p> <p>12 MR. BADALA: Objection to form.</p> <p>13 THE WITNESS: Me personally, in</p> <p>14 the Drug Court program, I see a lot of</p> <p>15 cases where one was prescribed opiates</p> <p>16 and then they needed more of it.</p> <p>17 Usually it could lead to them being</p> <p>18 arrested, which is when they would come</p> <p>19 across my desk. So -- if that helps.</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. Well, let's walk through that.</p> <p>22 When they are arrested, have you</p> <p>23 ever encountered someone who was arrested for</p> <p>24 taking a prescription opioid that they were</p> <p>25 prescribed by a doctor?</p>	<p style="text-align: right;">Page 81</p> <p>1 scenario than what I'm asking about.</p> <p>2 A. Okay.</p> <p>3 Q. What you just described is someone</p> <p>4 who at one point had a prescription and then</p> <p>5 somewhere along the way that prescription</p> <p>6 ended, and they continued taking opioids.</p> <p>7 A. Well, a number of things can</p> <p>8 happen. Drug use -- to get that ceiling</p> <p>9 effect, it could be -- also, a lot of times</p> <p>10 what happens is that prescription medication,</p> <p>11 you're not hitting that ceiling effect. So</p> <p>12 you're going to want to look to more of it or</p> <p>13 to what's more strong.</p> <p>14 Q. So, again, that's not my question,</p> <p>15 though. My question is has anyone ever come</p> <p>16 into the Drug Court program because they were</p> <p>17 arrested for taking prescription medication</p> <p>18 that they had a valid prescription for?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 THE WITNESS: Well, no. No.</p> <p>21 BY MR. RUIZ:</p> <p>22 Q. And after -- strike that.</p> <p>23 You realize that some people</p> <p>24 take -- might take a prescription opioid from</p> <p>25 a family member's medicine cabinet?</p>



<p style="text-align: right;">Page 226</p> <p>1 BY MR. RUIZ:</p> <p>2 Q. Okay.</p> <p>3 Earlier today you talked about --</p> <p>4 you can put that exhibit aside.</p> <p>5 Earlier today you talked about</p> <p>6 clients that you have that have started --</p> <p>7 that have allegedly started with prescription</p> <p>8 opioids and later on moved to heroin or other</p> <p>9 illegal substances; is that right?</p> <p>10 MR. BADALA: Objection to form.</p> <p>11 THE WITNESS: Yes.</p> <p>12 BY MR. RUIZ:</p> <p>13 Q. Do you have a sense of --</p> <p>14 Well, let me start with a baseline</p> <p>15 question.</p> <p>16 People who use cocaine, do you</p> <p>17 think that a hundred percent of them have</p> <p>18 started with a prescription opioid?</p> <p>19 A. No.</p> <p>20 Q. So it is possible for someone to</p> <p>21 have a heroin addiction without ever having</p> <p>22 used a prescription opioid?</p> <p>23 MR. BADALA: Objection to form.</p> <p>24 THE WITNESS: That is correct.</p> <p>25 And I can say that in court -- we</p>	<p style="text-align: right;">Page 228</p> <p>1 addiction began with a prescription.</p> <p>2 A. If I did, I'm sorry. I meant to</p> <p>3 say opioids.</p> <p>4 Q. You mean to say -- okay.</p> <p>5 A. Thank you.</p> <p>6 Q. I just wanted to make sure that</p> <p>7 we're --</p> <p>8 A. No, it's okay.</p> <p>9 Q. Got it. Okay.</p> <p>10 Let's take a look at Leckler</p> <p>11 Exhibit 13.</p> <p>12 (Email chain, RE: Update from</p> <p>13 Dr. Gilson, Bates CUYAH_002048206</p> <p>14 through CUYAH_002048210, marked as</p> <p>15 Deposition Exhibit 13.)</p> <p>16 THE WITNESS: (Reviewing</p> <p>17 document.)</p> <p>18 BY MR. RUIZ:</p> <p>19 Q. All set?</p> <p>20 A. All set.</p> <p>21 Q. Let's start on what's page 209,</p> <p>22 which is the beginning of the first in time</p> <p>23 email.</p> <p>24 If you look up at the top, it's</p> <p>25 "Update from Dr. Gilson."</p>
<p style="text-align: right;">Page 227</p> <p>1 have a lot of visitors that come to</p> <p>2 court and we have at times had our</p> <p>3 clients raise their hand if they suffer</p> <p>4 from opiate use. And we have the</p> <p>5 majority of the court raise their hands.</p> <p>6 The judge will then ask them to</p> <p>7 please keep their hand raised if you</p> <p>8 started from a prescription, and half of</p> <p>9 them still have their hands raised.</p> <p>10 BY MR. RUIZ:</p> <p>11 Q. So in your experience --</p> <p>12 A. It's just -- yeah. It's not like</p> <p>13 a statistically-ran study, it's just to</p> <p>14 demonstrate at that point in time what we</p> <p>15 currently have in the courtroom.</p> <p>16 Q. Well, I want to make sure that</p> <p>17 we're using the right words here because I</p> <p>18 thought earlier you said, when you used the</p> <p>19 word "opiate," that you were talking just</p> <p>20 about prescriptions, right?</p> <p>21 A. Yes.</p> <p>22 Q. But in what you just told me, you</p> <p>23 said that the judge asks for people to raise</p> <p>24 their hand who have an opiate addiction, and</p> <p>25 then to keep their hands raised if that</p>	<p style="text-align: right;">Page 229</p> <p>1 If you look a couple pages before</p> <p>2 that, it's a very long distribution list, but</p> <p>3 it's actually from Vince Caraffi.</p> <p>4 A. Yes.</p> <p>5 Q. Okay. He says:</p> <p>6 "Good morning. Please review the</p> <p>7 citation below, sent on behalf of</p> <p>8 Dr. Gilson. At the April task force</p> <p>9 meeting, Tom indicated local data was</p> <p>10 showing an increased trend in the</p> <p>11 number of overdose fatalities from</p> <p>12 heroin, fentanyl, with no history of</p> <p>13 overprescribing pain medication."</p> <p>14 So that is consistent with what</p> <p>15 you were saying earlier in which some portion</p> <p>16 of heroin users might never have -- might not</p> <p>17 have started with prescription opioids,</p> <p>18 right?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 THE WITNESS: Correct.</p> <p>21 BY MR. RUIZ:</p> <p>22 Q. If you look below that, there's</p> <p>23 a -- what appears to be a brief synopsis of a</p> <p>24 study that was done.</p> <p>25 And Vince Caraffi writes:</p>



<p style="text-align: right;">Page 230</p> <p>1 "This article supports 2 Dr. Gilson's thoughts and should be 3 included in future prevention 4 messaging." 5 And if you look on the next page, 6 it says that -- under "Results," the second 7 sentence -- 8 A. Uh-huh. 9 Q. (Reading.) 10 "The use of commonly prescribed 11 opioids, oxycodone and hydrocodone, 12 dropped from 42.4 percent and 42.3 13 percent of opioid initiators, 14 respectively, to 24.1 percent and 15 27.8 percent in 2015, such that 16 heroin as an initiating opioid was 17 now more frequently endorsed than 18 prescription opioid analgesics." 19 Do you see that? 20 A. I do. 21 Q. And that seems to back up what 22 you've seen anecdotally, and what Dr. Gilson 23 has seen anecdotally, which is that there are 24 people who are -- who have opioid addictions 25 for whom heroin is the first opioid that they</p>	<p style="text-align: right;">Page 232</p> <p>1 BY MR. RUIZ: 2 Q. Right. 3 If you look at the beginning of 4 the email -- 5 A. Yes. 6 Q. -- Vince Caraffi says: 7 "Please review the citation below 8 sent on behalf of Dr. Gilson. At the 9 April task force meeting, Tom" -- 10 Meaning Tom Gilson, right? 11 A. Uh-huh. 12 Q. -- "indicated local data was showing 13 an increasing trend in the number of 14 overdose fatalities from 15 heroin/fentanyl with no history of 16 overprescribing of pain medication." 17 A. Okay. 18 MR. BADALA: Objection to form. 19 THE WITNESS: A few things. I do 20 not recall fully reading this email, 21 number 1. 22 Number 2, I'm wondering why he 23 sent this when the study was 2015, and 24 he says "recent study." That's where 25 I'm confused.</p>
<p style="text-align: right;">Page 231</p> <p>1 use? 2 MR. BADALA: Objection to form. 3 THE WITNESS: Yes. However, it's 4 2015. 5 BY MR. RUIZ: 6 Q. Right. So at the time of 2015, is 7 what I'm saying. 8 A. Which is weird because the email 9 was sent on 2017. 10 Q. It might be that the study was -- 11 A. Yeah, old. 12 Q. -- completed -- 13 A. Old. Okay. 14 Q. But this is something that 15 Dr. Gilson is seeing -- his email is -- 16 He's sending this along saying the 17 local data in 2017, right? 18 A. Okay, so -- 19 MR. BADALA: Objection to form. 20 THE WITNESS: I didn't write the 21 email. I see where it says, "Update 22 from Dr. Gilson." However, the email is 23 from Vince Caraffi, so I'm just 24 confused. 25</p>	<p style="text-align: right;">Page 233</p> <p>1 What do you want me to respond to? 2 Because I did not write this email. 3 BY MR. RUIZ: 4 Q. What I'm asking you is, is this 5 consistent with your experience in the Drug 6 Court that not everyone who has an opioid 7 addiction started with prescription opiates? 8 MR. BADALA: Objection to form. 9 Misstates prior testimony. 10 THE WITNESS: Yes. As I stated 11 previously, not all of the clients that 12 I have that suffer from opioid use 13 resulted in a hundred percent 14 from-prescription medication. 15 BY MR. RUIZ: 16 Q. And, in fact, what Dr. Gilson 17 appears to be saying is that there's an 18 increasing trend in people who have no 19 history of overprescribing of pain 20 medication, right? 21 MR. BADALA: Objection to form. 22 BY MR. RUIZ: 23 Q. Among those who have overdosed. 24 MR. BADALA: Objection to form. 25 THE WITNESS: I'm not Dr. Gilson.</p>

<p style="text-align: right;">Page 234</p> <p>1 BY MR. RUIZ:  2 Q. Well --  3 A. You would have to ask Dr. Gilson.  4 Q. Okay.  5 A. Yeah. Because it's a 2017 email  6 from a 2015 study.  7 Q. Well, you said that you trusted  8 Dr. Gilson earlier, right?  9 MR. BADALA: Objection to form.  10 THE WITNESS: Yes.  11 BY MR. RUIZ:  12 Q. So if he said it, you're going to  13 take his word for it?  14 MR. BADALA: Objection to form.  15 THE WITNESS: Yes. I'm going to  16 believe Dr. Gilson, with the statistics  17 that he puts out on his medical  18 examiner's office.  19 However, this email is coming from  20 Vince Caraffi on behalf of Dr. Gilson.  21 I can't speak -- I wasn't there, so I  22 don't know.  23 BY MR. RUIZ:  24 Q. Well, was --  25 A. Again --</p>	<p style="text-align: right;">Page 236</p> <p>1 screened for Vivitrol MAT did NOT  2 have a h/o" --  3 Which means history of?  4 MR. BADALA: Objection to form.  5 THE WITNESS: Yes. But he also  6 says, "It is a small sample size."  7 BY MR. RUIZ:  8 Q. I know. I'm going to finish  9 reading.  10 A. Thank you.  11 Q. -- "did not have a history of opioid  12 addiction following a Rx for  13 Percocet, OxyContin, et cetera.  14 "It's a small sample size, but  15 out of approximately 150 patients, a  16 majority began using opioids just for  17 recreational purposes."  18 So with the caveat that it's a  19 small sample size, Dr. Tallman seems to be  20 agreeing with Dr. Gilson, right?  21 MR. BADALA: Objection to form.  22 THE WITNESS: I have no idea what  23 kind of assessment Dr. Tallman does in  24 the jail.  25</p>
<p style="text-align: right;">Page 235</p> <p>1 Q. Go ahead.  2 A. And, again, I would refer back to  3 why we are talking about 2017 with a study  4 from 2015.  5 Q. Let's look at page 207.  6 And if you look there, above all  7 the email addresses --  8 A. Yes.  9 Q. -- from Thomas Tallman.  10 Who is Mr. Tallman?  11 A. It's Dr. Tallman.  12 Q. Dr. Tallman.  13 A. He is the medical director in the  14 Cuyahoga County Jail.  15 Q. Why does he have a MetroHealth  16 email address?  17 A. Because the --  18 MR. BADALA: Objection to form.  19 THE WITNESS: Because MetroHealth  20 oversees the medical in the jail.  21 BY MR. RUIZ:  22 Q. Okay.  23 And Dr. Tallman says:  24 "I can also add that a  25 significant number of inmates I have</p>	<p style="text-align: right;">Page 237</p> <p>1 BY MR. RUIZ:  2 Q. Well, I'm not asking what kind of  3 assessment he does. I'm asking whether it  4 seems like he's agreeing with what Dr. Gilson  5 is saying?  6 MR. BADALA: Objection to form.  7 THE WITNESS: I don't know. I'm  8 not Dr. Tallman. You would have to ask  9 him.  10 BY MR. RUIZ:  11 Q. If we go all the way to the front,  12 Lou Lamarca, who is the clinical director at  13 Community Assessment and Treatment Services,  14 which is -- also we've referred to as CATS  15 today; is that right?  16 A. That is correct.  17 Q. He seems to also be agreeing. He  18 says:  19 "This is consistent with what we  20 are seeing as well. It is rare for  21 one of our clients to have started  22 with a medically-necessary opioid  23 Rx."  24 So we've seen Mr. Lamarca,  25 Dr. Tallman, Dr. Gilson, and the study. Does</p>

<p style="text-align: right;">Page 238</p> <p>1 it seem fair that a portion of people who 2 have opioid addiction never started with a 3 prescription? 4 MR. BADALA: Objection to form. 5 THE WITNESS: I can speak on my 6 behalf. I cannot speak on Lou Lamarca's 7 behalf. 8 The clients that I have there 9 represent a very small population of 10 community assessment services. They 11 have over 100 beds on the male side and 12 about 65 on the female side, so I cannot 13 speak on his behalf. 14 BY MR. RUIZ: 15 Q. Does it seem like he's agreeing 16 with Dr. Tallman and Dr. Gilson? 17 MR. BADALA: Objection to form. 18 THE WITNESS: It's not for me to 19 comment. 20 BY MR. RUIZ: 21 Q. You just don't know? 22 MR. BADALA: Objection to form. 23 THE WITNESS: I don't know. 24 BY MR. RUIZ: 25 Q. Okay.</p>	<p style="text-align: right;">Page 240</p> <p>1 Global Appraiser of Individual Needs. 2 It is an assessment that assesses 3 a person's level of care and what their 4 substance abuse need is. 5 Q. And what was the process for 6 getting that certification? 7 A. So I had to travel to Normal, 8 Illinois, for five days and go through 9 training, and then do mock assessments that 10 were recorded and taped and audited by a 11 specialist. 12 And then I had to come back to the 13 office and do that in the office as well and 14 submit audiotapes, and do the same thing to 15 obtain my Gain certification. 16 So I also -- at one time when I 17 was a probation officer, I did a lot of 18 motivational interview training to be an 19 expert on motivational interviewing. 20 Q. Any other certifications? 21 A. No. 22 Q. Have you received any training 23 related to law enforcement? 24 A. I've had defensive tactics, pepper 25 spray training, if that counts.</p>
<p style="text-align: right;">Page 239</p> <p>1 I want to back up and just quickly 2 run through your education. 3 After high school, could you just 4 run through what formal education you've had. 5 A. I obtained my bachelor's degree 6 from Kent State University. 7 Q. And what was your degree in? 8 A. Psychology. 9 Q. Have you had any postgraduate 10 education? 11 A. I've had some classes in the 12 public administration field at CSU. I 13 started to go back for my master's degree, 14 but then I became the coordinator and I could 15 not juggle being a mom, going back to school, 16 and having a full-time job, all together. 17 Q. And so you've not completed the 18 master's program? 19 A. I have not. 20 Q. Do you have any licenses? 21 A. No, I do not. 22 Q. Do you have any certifications? 23 A. I am Gain certified. 24 Q. And what is that? 25 A. A Gain-certified assessor means</p>	<p style="text-align: right;">Page 241</p> <p>1 Q. Anything else? 2 A. No. 3 Q. What about training related to 4 medicine? 5 A. No. 6 Q. Related to pharmacy? 7 A. No. 8 Q. What did you do to prepare for 9 today's deposition? 10 A. I met with my attorneys. 11 Q. How many times did you meet? 12 A. Once. 13 Q. For how long? 14 A. About three hours. 15 Q. And which attorneys did you meet 16 with? 17 A. I met with him and Mr. Gallucci. 18 Q. Was there anyone in the room who 19 was not an attorney or not employed by 20 Mr. Badala's law firm? 21 A. No. 22 MR. BADALA: I like the sound of 23 "Mr. Badala's law firm." 24 BY MR. RUIZ: 25 Q. Did you review any documents?</p>

<p style="text-align: right;">Page 242</p> <p>1 A. Yes.</p> <p>2 Q. What kind of documents?</p> <p>3 MR. BADALA: I'm just going to</p> <p>4 object and instruct you not to disclose</p> <p>5 the documents that you were shown.</p> <p>6 BY MR. RUIZ:</p> <p>7 Q. Did you review the complaint in</p> <p>8 this case?</p> <p>9 A. No.</p> <p>10 Q. You haven't seen it?</p> <p>11 A. No.</p> <p>12 Q. Did you review any of the</p> <p>13 interrogatories in this case?</p> <p>14 MR. BADALA: Are we saying ever,</p> <p>15 or during the prep? Because if it's --</p> <p>16 you're asking during the prep, I'm going</p> <p>17 to instruct her not to answer.</p> <p>18 THE WITNESS: I don't even know</p> <p>19 what it means, so --</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. Okay.</p> <p>22 Did you speak with anyone at the</p> <p>23 courthouse about your deposition today?</p> <p>24 A. I let my assistant know that I</p> <p>25 would be out of the office.</p>	<p style="text-align: right;">Page 244</p> <p>1 A. Was I asked to provide any</p> <p>2 information for the complaint? Yes.</p> <p>3 Q. Did you?</p> <p>4 A. Yes.</p> <p>5 Q. Were you asked to provide any</p> <p>6 information in response to interrogatories?</p> <p>7 A. Again, can you tell me what</p> <p>8 "interrogatories" means?</p> <p>9 Q. I'm guessing probably not, but</p> <p>10 anyway --</p> <p>11 A. Okay.</p> <p>12 Q. Interrogatories are questions</p> <p>13 posed to the parties, written questions posed</p> <p>14 to the parties from the other side.</p> <p>15 A. Okay. So ask me again.</p> <p>16 Q. Were you asked to provide any</p> <p>17 information to respond to interrogatories?</p> <p>18 A. Can you ask it a different way?</p> <p>19 Q. It's okay.</p> <p>20 A. Okay.</p> <p>21 Q. Do you know whether doctors are</p> <p>22 defendants in this case?</p> <p>23 A. I do not know.</p> <p>24 Q. Do you think they should be?</p> <p>25 MR. BADALA: Objection to form.</p>
<p style="text-align: right;">Page 243</p> <p>1 Q. Anyone else?</p> <p>2 A. I let Judge Matia know that I</p> <p>3 would be out of the office.</p> <p>4 Q. Did you talk to anyone about the</p> <p>5 substance of this deposition at all?</p> <p>6 A. No.</p> <p>7 Q. Did you do any research?</p> <p>8 A. No.</p> <p>9 Q. So you didn't look at the</p> <p>10 complaint.</p> <p>11 What do you know about this</p> <p>12 lawsuit?</p> <p>13 MR. BADALA: Objection to form.</p> <p>14 THE WITNESS: What do I know about</p> <p>15 the lawsuit?</p> <p>16 My understanding of the lawsuit is</p> <p>17 that the county is suing the</p> <p>18 pharmaceutical companies for damages</p> <p>19 that have occurred here in Cuya County.</p> <p>20 BY MR. RUIZ:</p> <p>21 Q. Were you involved at all in the</p> <p>22 lawsuit before it was filed?</p> <p>23 A. No.</p> <p>24 Q. Were you asked to provide any</p> <p>25 information for the complaint?</p>	<p style="text-align: right;">Page 245</p> <p>1 THE WITNESS: It's not my opinion.</p> <p>2 BY MR. RUIZ:</p> <p>3 Q. What's not your opinion?</p> <p>4 A. I do not have an opinion on it.</p> <p>5 Q. You don't know have an opinion.</p> <p>6 A. No.</p> <p>7 Q. Okay.</p> <p>8 You don't know if they played any</p> <p>9 role in opioid abuse?</p> <p>10 MR. BADALA: Objection to form.</p> <p>11 THE WITNESS: I do not. I don't</p> <p>12 know what their role played.</p> <p>13 BY MR. RUIZ:</p> <p>14 Q. Have you heard of the term "pill</p> <p>15 mill"?</p> <p>16 A. I've heard of it.</p> <p>17 Q. And what do you know -- what is a</p> <p>18 pill mill?</p> <p>19 A. I don't know.</p> <p>20 Q. Do you know whether any drug</p> <p>21 dealers are defendants in this litigation?</p> <p>22 MR. BADALA: Objection to form.</p> <p>23 THE WITNESS: I have no idea.</p> <p>24 BY MR. RUIZ:</p> <p>25 Q. Do you think they should be?</p>

<p style="text-align: right;">Page 246</p> <p>1 MR. BADALA: Objection to form.  2 THE WITNESS: I have no opinion.  3 (Email with article: Elyria man  4 charged with distribution of  5 heroin and fentanyl, including  6 fentanyl that caused the death of  7 an Elyria resident, Bates  8 SUMMIT_00912771 through  9 SUMMIT_00912773, marked as  10 Deposition Exhibit 14.)  11 BY MR. RUIZ:  12 Q. I'm showing you what's been marked  13 as Leckler Exhibit 14, Bates Number  14 SUMMIT_00912771.  15 If you look at the -- I'll start  16 at the top. This is the second email in  17 time -- sorry, the first email in time is  18 from Vince Caraffi.  19 Do you see that?  20 A. Yes.  21 Q. April 9th, 2014.  22 And if you look on the next page,  23 he writes:  24 "Heroin and fentanyl charges were  25 just unsealed five minutes ago</p>	<p style="text-align: right;">Page 248</p> <p>1 amount of heroin on the street?  2 MR. BADALA: Objection to form.  3 THE WITNESS: I have no opinion,  4 and I have no idea who Dr. Smith is.  5 MR. RUIZ: Okay.  6 We can take a short break?  7 THE VIDEOGRAPHER: Off the record.  8 4:30.  9 (Recess taken.)  10 THE VIDEOGRAPHER: We're back on  11 the record, 4:41.  12 MR. RUIZ: And I have no further  13 questions. I'll pass the witness.  14 THE VIDEOGRAPHER: We're off the  15 record. 4:42.  16 (Pause.)  17 THE VIDEOGRAPHER: We're back on  18 the record. 4:43.  19 ---  20 EXAMINATION  21 BY MS. RENDON:  22 Q. So good afternoon, Ms. Leckler.  23 My name is Carole Rendon. And as I mentioned  24 this morning, I represent the Endo defendants  25 in this litigation. And so I'm just going to</p>
<p style="text-align: right;">Page 247</p> <p>1 against" --  2 And how do you pronounce that? Is  3 it Elyria?  4 A. Elyria, yes.  5 Q. -- "against an Elyria man charging  6 him with selling fentanyl that  7 caused the death of an Elyria  8 woman."  9 And that's a press release.  10 Do you think someone like the  11 defendant here should be a part of this  12 lawsuit?  13 MR. BADALA: Objection to form.  14 THE WITNESS: I have no idea.  15 BY MR. RUIZ:  16 Q. If you look at the first in time  17 email, the latest email --  18 A. Okay.  19 Q. -- from Doug Smith -- Dr. Doug  20 Smith to Vince Caraffi, he writes:  21 "Interesting. Hopefully a new  22 approach that will help decrease the  23 amount of heroin on the street."  24 Do you agree that holding drug  25 dealers accountable would help decrease the</p>	<p style="text-align: right;">Page 249</p> <p>1 ask you a few additional questions.  2 And I'd just ask, as you have been  3 doing today, if you don't understand a  4 question that I've asked, please say so and I  5 will try to rephrase it, okay?  6 A. Okay.  7 Q. During the course of the day today  8 you've been using the word "opiate" and the  9 word "opioid," correct?  10 A. Correct.  11 Q. And I understand that, you know,  12 you have your own sort of personal definition  13 of what those two things mean. But I'm  14 wondering, for example, the Cuyahoga County  15 Opiate Task Force, its work is not limited to  16 prescription drugs, is it?  17 MR. BADALA: Objection to form.  18 THE WITNESS: No.  19 MR. BADALA: I'm sorry, I just  20 want to put one thing on the record  21 before we still continue.  22 If you could just put a standing  23 objection regarding Ms. Rendon  24 questioning a Cuyahoga witness. We've  25 exchanged some letters on this before.</p>



<p style="text-align: right;">Page 250</p> <p>1 We don't have to get into it any</p> <p>2 further, but if you could just put a</p> <p>3 standing objection.</p> <p>4 BY MS. RENDON:</p> <p>5 Q. You've also talked about the fact</p> <p>6 that in Recovery Court, a hundred percent of</p> <p>7 the clients have an opiate addiction; is that</p> <p>8 correct?</p> <p>9 A. They have an opioid.</p> <p>10 Q. They have an opioid addiction.</p> <p>11 And with respect to the Drug</p> <p>12 Court, just so I can make sure that I</p> <p>13 understand, if you said that 85 percent of</p> <p>14 the people in Drug Court have an opiate</p> <p>15 addiction, you misspoke; you meant opioid?</p> <p>16 A. That is correct.</p> <p>17 Q. So we would basically have to go</p> <p>18 back through every single question that was</p> <p>19 asked and answered to figure out when you</p> <p>20 said opiate, if you meant only prescription</p> <p>21 drugs, or if you meant both prescription and</p> <p>22 illegal drugs; is that correct?</p> <p>23 A. Okay.</p> <p>24 MR. BADALA: Objection to form.</p> <p>25</p>	<p style="text-align: right;">Page 252</p> <p>1 Q. And you said that the majority</p> <p>2 would raise their hand; is that correct?</p> <p>3 A. That is correct.</p> <p>4 Q. And then the follow-up question</p> <p>5 from Judge Matia would be what?</p> <p>6 A. Would be, "Keep your hand raised</p> <p>7 if you started by way of prescription</p> <p>8 medication."</p> <p>9 Q. And is there a third question</p> <p>10 that's asked after those people keep their</p> <p>11 hand up, or is that the end of the</p> <p>12 questioning?</p> <p>13 A. That is the end of the question.</p> <p>14 Q. So Judge Matia doesn't ask, "Keep</p> <p>15 your hand up if that prescription was given</p> <p>16 to you for a medically necessary purpose by a</p> <p>17 legitimate doctor"?</p> <p>18 MR. BADALA: Objection to form.</p> <p>19 THE WITNESS: No, it does -- no,</p> <p>20 we do not.</p> <p>21 BY MS. RENDON:</p> <p>22 Q. And nobody asks them to keep their</p> <p>23 hands in the air if they took a legitimate,</p> <p>24 medically-necessary prescription as</p> <p>25 prescribed?</p>
<p style="text-align: right;">Page 251</p> <p>1 THE WITNESS: Okay. I'm ready.</p> <p>2 BY MS. RENDON:</p> <p>3 Q. I think it would take us an</p> <p>4 awfully long time to do that.</p> <p>5 But I think maybe what we'll do is</p> <p>6 we'll take a break at some point and maybe</p> <p>7 pull out a dozen or so questions and make</p> <p>8 sure that we can go back, because I think</p> <p>9 there has been a significant amount of</p> <p>10 confusion today on the record on that issue.</p> <p>11 You talked about one of the</p> <p>12 judges, I believe it was Judge Matia in</p> <p>13 Drug Court, asking the participants to raise</p> <p>14 their hand if they're addicted to an opiate</p> <p>15 or an opioid?</p> <p>16 MR. BADALA: Objection to form.</p> <p>17 Asked and answered.</p> <p>18 THE WITNESS: I believe I said</p> <p>19 "we." I didn't say Judge Matia. I said</p> <p>20 "Judge Matia would then ask..." But I</p> <p>21 said "we". "We would ask."</p> <p>22 BY MS. RENDON:</p> <p>23 Q. "We would ask" what?</p> <p>24 A. We would ask clients to raise</p> <p>25 their hand if they suffered from opioid use.</p>	<p style="text-align: right;">Page 253</p> <p>1 MR. BADALA: Objection to form.</p> <p>2 THE WITNESS: I'm sorry. Say that</p> <p>3 again.</p> <p>4 BY MS. RENDON:</p> <p>5 Q. And nobody also asked the</p> <p>6 follow-up question to keep their hand in the</p> <p>7 air if they took a medically-necessary,</p> <p>8 legitimate prescription, only as directed?</p> <p>9 MR. BADALA: Objection to form.</p> <p>10 THE WITNESS: No.</p> <p>11 BY MS. RENDON:</p> <p>12 Q. So the only question is, "Was it a</p> <p>13 prescription?" Is that right?</p> <p>14 MR. BADALA: Objection to form.</p> <p>15 THE WITNESS: Yes.</p> <p>16 BY MS. RENDON:</p> <p>17 Q. Does anybody ask the participants</p> <p>18 when they have their hand in the air whether</p> <p>19 they got those prescription opioids from a</p> <p>20 drug dealer as opposed to a doctor?</p> <p>21 A. Say that again.</p> <p>22 (The reporter read back where</p> <p>23 requested.)</p> <p>24 MR. BADALA: Objection to form.</p> <p>25 THE WITNESS: No. Because, like I</p>



<p style="text-align: right;">Page 254</p> <p>1 said, we stop at the last question.</p> <p>2 BY MS. RENDON:</p> <p>3 Q. So there's no delving into the</p> <p>4 source of the prescription medication,</p> <p>5 correct?</p> <p>6 MR. BADALA: Objection to form.</p> <p>7 THE WITNESS: No.</p> <p>8 BY MS. RENDON:</p> <p>9 Q. Do you have any information as to</p> <p>10 what type of prescription drugs those</p> <p>11 individuals who still have their hand in the</p> <p>12 air were taking?</p> <p>13 A. Do I have any information in</p> <p>14 reference to the types of drugs --</p> <p>15 Q. Yeah.</p> <p>16 A. -- that were being prescribed?</p> <p>17 Q. So does the judge ask, "Keep your</p> <p>18 hand in the air if you started by using</p> <p>19 Percocet"? "Keep your hand in the air if you</p> <p>20 started by using Vicodin"?</p> <p>21 A. No. Because, again, I said that</p> <p>22 the last question is where it ends.</p> <p>23 Q. And you indicated earlier in your</p> <p>24 testimony here today that 85 percent of the</p> <p>25 participants in Drug Court have an opioid use</p>	<p style="text-align: right;">Page 256</p> <p>1 BY MS. RENDON:</p> <p>2 Q. But that's just a ballpark figure?</p> <p>3 A. That is correct.</p> <p>4 Q. But you could determine an exact</p> <p>5 number if you wanted to; is that correct?</p> <p>6 MR. BADALA: Objection to form.</p> <p>7 THE WITNESS: Absolutely.</p> <p>8 BY MS. RENDON:</p> <p>9 Q. And how would you go about doing</p> <p>10 that?</p> <p>11 A. I would look at all the</p> <p>12 assessments that we have done.</p> <p>13 Q. And when you looked at all of the</p> <p>14 assessments that you had done, how would you</p> <p>15 make the determination as to how many of the</p> <p>16 Drug Court participants have an opioid use</p> <p>17 disorder?</p> <p>18 A. In the DSM diagnosis, there is</p> <p>19 codes, so you could look at the codes.</p> <p>20 Q. In the assessment form, you could</p> <p>21 look at the DSM code; is that correct?</p> <p>22 A. That is correct.</p> <p>23 (Cuyahoga County Common Pleas</p> <p>24 Court, Case Information, Bates</p> <p>25 CUYAH_002040381 through</p>
<p style="text-align: right;">Page 255</p> <p>1 disorder; is that right?</p> <p>2 A. That is correct.</p> <p>3 Q. Where do you get that number from?</p> <p>4 A. An assessment.</p> <p>5 Q. Which assessment?</p> <p>6 A. The clinical assessment, the</p> <p>7 second part of the eligibility process that</p> <p>8 we discussed earlier.</p> <p>9 Q. So I'm glad you said that because</p> <p>10 I'm obviously not being clear on my question.</p> <p>11 How do you come to the</p> <p>12 number "85" percent"?</p> <p>13 What statistical analysis did you</p> <p>14 do that allows you to say that it's</p> <p>15 85 percent, as opposed to 87 percent, as</p> <p>16 opposed to 62 percent?</p> <p>17 MR. BADALA: Objection to form.</p> <p>18 THE WITNESS: The gentleman had</p> <p>19 asked me, would I say. And when I think</p> <p>20 of "would I say," that gives an</p> <p>21 estimate.</p> <p>22 So I said estimately[sic],</p> <p>23 85 percent of the participants we have</p> <p>24 in Drug Court are diagnosed with opioid</p> <p>25 use disorder.</p>	<p style="text-align: right;">Page 257</p> <p>1 CUYAH_002040408, marked as</p> <p>2 Deposition Exhibit 15.)</p> <p>3 BY MS. RENDON:</p> <p>4 Q. I'm showing you what's been marked</p> <p>5 as Exhibit 15 for your deposition. And as</p> <p>6 you'll see at the bottom, it has a Bates</p> <p>7 number, Cuyahoga 002040381 through 2040408.</p> <p>8 Is that the assessment form that</p> <p>9 you've been referring to? Is that an example</p> <p>10 of an assessment form?</p> <p>11 A. This is an assessment, in front of</p> <p>12 me.</p> <p>13 Q. And the DSM code that you're</p> <p>14 referring to, is that on page 1 under the</p> <p>15 DSM-5 diagnostic codes?</p> <p>16 A. I'm sorry. I'm a little taken</p> <p>17 back because it is an assessment with a</p> <p>18 client's name on it.</p> <p>19 Q. So don't refer to the client's</p> <p>20 name. I didn't --</p> <p>21 A. Okay.</p> <p>22 Q. -- refer to the client's name.</p> <p>23 I just handed --</p> <p>24 A. Okay.</p> <p>25 Q. -- you a document that was</p>

65 (Pages 254 - 257)

<p style="text-align: right;">Page 258</p> <p>1 produced by Cuyahoga County to us in this 2 litigation. 3 A. Okay. 4 Q. It's not our document. It's your 5 document. 6 A. Okay. 7 Q. So I have no need for the 8 individual's name. 9 But do you see on the first page 10 where it says "Diagnostic Codes," is that 11 what you're referring to? 12 A. Yes, ma'am, that is correct. 13 Q. So this particular individual was 14 diagnosed with an opioid use disorder, a 15 cannabis use disorder, and a stimulant use 16 disorder; is that correct? 17 A. This client is -- "opioid use 18 disorder" -- you always kind of want to say 19 "severe." "Cannabis use disorder, severe. 20 Stimulant use disorder, mild." 21 Q. So this particular individual has 22 a severe disorder that involves more than one 23 drug? 24 A. That is correct. 25 Q. Both an opioid and cannabis?</p>	<p style="text-align: right;">Page 260</p> <p>1 heroin at age 16 and first used prescription 2 opiates at age 17"? 3 Did I read that correctly? 4 A. You did. 5 Q. And so with this particular 6 individual, he didn't -- or she didn't start 7 with a prescription opioid, their first drug 8 of abuse was heroin; is that correct? 9 MR. BADALA: Objection to form. 10 THE WITNESS: Their first drug of 11 use -- I would have to look at the other 12 diagnoses and see -- the other DSM. 13 I believe it says here that he 14 started using marijuana at the age of 15 13. And I'd have to read through to 16 determine the cocaine, what age that 17 started. 18 So if you talk about substance 19 use, I would have to look at all the 20 substance use, since he uses multiple 21 substances. 22 BY MS. RENDON: 23 Q. So based on this, it appears that 24 he started using marijuana at age 13 -- 25 A. Let me read the cocaine. I didn't</p>
<p style="text-align: right;">Page 259</p> <p>1 A. That is correct. 2 Q. Do you know what opioid is 3 involved with this particular individual? 4 A. I would have to read through the 5 assessment. 6 Q. Because you can't tell, because 7 whether it's prescription drugs or, for 8 example, heroin, it's the same code; is that 9 right? 10 A. It is the same code. It is the 11 same form of treatment. 12 Q. And so there's no way to just, by 13 looking at the code, figure out whether or 14 not somebody has ever used, let alone, abused 15 a prescription drug; is that right? 16 A. From the assessment, that is 17 correct. 18 Q. So let me draw your attention to 19 the page, it's page 3. The Bates Number at 20 the bottom is 2040383. 21 And I'll direct your attention to 22 the first paragraph -- no, second -- first 23 sentence of the second full paragraph. 24 And do you see there where it 25 says, "The client states that he first used</p>	<p style="text-align: right;">Page 261</p> <p>1 read the cocaine. 2 Q. Okay. 3 A. (Reviewing document.) 4 That is correct. It does -- 5 Q. And when did he report that he 6 started using cocaine? 7 A. At the age of 14. 8 Q. And heroin? 9 A. At the age of 16. 10 Q. And prescription drugs? 11 A. At the age of 17. 12 Q. And so if you were going to do the 13 analysis that we were talking about, you 14 would have to take every one of these 15 assessments that had that diagnostic code for 16 opioid use disorder and read through it to 17 find out if the individual first used a 18 prescription opioid or first used an illegal 19 opioid; is that correct? 20 A. I'm sorry. You said a lot in one 21 sentence. Can you please say that again? 22 Q. Sure. 23 To do the statistical analysis 24 that we were talking about, to get you to an 25 exact number of Drug Court participants who</p>

<p style="text-align: right;">Page 262</p> <p>1 began with the misuse or use of a</p> <p>2 prescription opioid, you would have to not</p> <p>3 look at the DSM code; you would have to pull</p> <p>4 everyone who has a diagnostic code for opioid</p> <p>5 use disorder, correct?</p> <p>6 A. That is correct.</p> <p>7 Q. And then you would have to read</p> <p>8 through every one of those assessments, like</p> <p>9 we just did with Exhibit 15, to see whether</p> <p>10 the first drug that they used was heroin or</p> <p>11 prescription drugs, correct?</p> <p>12 A. That is correct.</p> <p>13 Q. Or to see if they ever even used</p> <p>14 prescription drugs?</p> <p>15 A. That is correct.</p> <p>16 Q. How would you know, for example,</p> <p>17 with the individual whose assessment is</p> <p>18 Exhibit 15, whether the prescription opiates</p> <p>19 that this individual used were given to him</p> <p>20 by a doctor for a legitimate medical need?</p> <p>21 MR. BADALA: Objection to form.</p> <p>22 THE WITNESS: I would have to read</p> <p>23 through the assessment and see if</p> <p>24 there's any indication.</p> <p>25</p>	<p style="text-align: right;">Page 264</p> <p>1 prescription for opioids, as opposed to</p> <p>2 obtaining them illegally, to check the OARRS</p> <p>3 database?</p> <p>4 A. If it was properly entered into</p> <p>5 the OARRS, yes.</p> <p>6 Q. And as you understand it, the</p> <p>7 OARRS database is supposed to contain all</p> <p>8 prescription opioids when prescribed by a</p> <p>9 medical doctor, correct?</p> <p>10 MR. BADALA: Objection to form.</p> <p>11 THE WITNESS: I believe so.</p> <p>12 BY MS. RENDON:</p> <p>13 Q. And also when prescribed by other</p> <p>14 medical professionals -- excuse me -- who</p> <p>15 have a DEA registration and are authorized to</p> <p>16 prescribe opioids, right?</p> <p>17 It's not just medical doctors;</p> <p>18 dentists, for example, can prescribe opioids?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 THE WITNESS: You would have to</p> <p>21 say it again, I'm sorry.</p> <p>22 Sorry, you said the DEA --</p> <p>23 BY MS. RENDON:</p> <p>24 Q. So you understand that in order to</p> <p>25 prescribe an opioid or other controlled</p>
<p style="text-align: right;">Page 263</p> <p>1 BY MS. RENDON:</p> <p>2 Q. So go ahead and take a second to</p> <p>3 do that.</p> <p>4 A. Do you want me to read it out</p> <p>5 loud?</p> <p>6 Q. No.</p> <p>7 A. (Reviewing document.)</p> <p>8 Okay. Go ahead with the question.</p> <p>9 Q. Is there any indication in this</p> <p>10 individual's assessment that the prescription</p> <p>11 opioids he reported using were given to him</p> <p>12 by a medical doctor for a legitimate medical</p> <p>13 purpose?</p> <p>14 MR. BADALA: Objection to form.</p> <p>15 THE WITNESS: I would have to read</p> <p>16 through the whole assessment.</p> <p>17 BY MS. RENDON:</p> <p>18 Q. In the section that talks about</p> <p>19 the diagnosis for opioid use disorder, is</p> <p>20 there any indication of that fact?</p> <p>21 MR. BADALA: Objection to form.</p> <p>22 THE WITNESS: No, there is not.</p> <p>23 BY MS. RENDON:</p> <p>24 Q. Isn't another way to determine</p> <p>25 whether or not this individual received a</p>	<p style="text-align: right;">Page 265</p> <p>1 substance, you have to be licensed and</p> <p>2 registered with the DEA in order to do that?</p> <p>3 MR. BADALA: Objection to form.</p> <p>4 THE WITNESS: I do not know.</p> <p>5 BY MS. RENDON:</p> <p>6 Q. You know that if you checked</p> <p>7 the OARRS database, you would be able to put</p> <p>8 this individual's name in the database and</p> <p>9 see whether or not there was a legitimate</p> <p>10 prescription for an opioid listed anywhere in</p> <p>11 that database, correct?</p> <p>12 MR. BADALA: Objection to form.</p> <p>13 MS. RENDON: Can I ask what was</p> <p>14 the problem with the form of that</p> <p>15 question?</p> <p>16 MR. BADALA: It's vague and</p> <p>17 ambiguous, the words, "medically</p> <p>18 necessary." She's already testified.</p> <p>19 Foundation, she's not a doctor. I can</p> <p>20 keep going.</p> <p>21 MS. RENDON: Okay. So I'm just</p> <p>22 using the terminology from the</p> <p>23 complaint.</p> <p>24 MR. BADALA: Well, it's not her</p> <p>25 words. She didn't draft the complaint,</p>

<p style="text-align: right;">Page 266</p> <p>1 so we can keep going through it.</p> <p>2 MS. RENDON: She apparently hasn't</p> <p>3 even read the complaint.</p> <p>4 BY MS. RENDON:</p> <p>5 Q. So, Ms. Leckler, let me put it</p> <p>6 this way. You understand that in the OARRS</p> <p>7 database you can check to see whether or not</p> <p>8 somebody received a prescription for opioids,</p> <p>9 correct?</p> <p>10 A. Carole, this individual is 21,</p> <p>11 so -- I believe he said he started using</p> <p>12 prescriptions at 17. So I cannot answer that</p> <p>13 because I do not know how far back the OARRS</p> <p>14 report goes, so I do not know.</p> <p>15 Q. You do know that there is</p> <p>16 information that you can obtain in the OARRS</p> <p>17 database regarding prescription opioids,</p> <p>18 correct?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 THE WITNESS: Yes.</p> <p>21 BY MS. RENDON:</p> <p>22 Q. And if anybody had checked</p> <p>23 the OARRS database with respect to this</p> <p>24 individual, it would be in this assessment,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 268</p> <p>1 When you say 85 percent of the</p> <p>2 people in the Drug Court have an opioid use</p> <p>3 disorder; and, of that group, some subset you</p> <p>4 believe used a prescription opioid, you have</p> <p>5 no idea of that universe of Drug Court</p> <p>6 participants, how many of them had a</p> <p>7 prescription for an opioid, correct?</p> <p>8 MR. BADALA: Objection to form.</p> <p>9 THE WITNESS: That is correct.</p> <p>10 BY MS. RENDON:</p> <p>11 Q. You have no idea what percentage</p> <p>12 of them never had a legitimate prescription,</p> <p>13 they just bought them from a dealer on the</p> <p>14 street, right?</p> <p>15 MR. BADALA: Objection, form.</p> <p>16 THE WITNESS: I have no idea.</p> <p>17 BY MS. RENDON:</p> <p>18 Q. And you have no idea how many of</p> <p>19 them just took them out of their parents'</p> <p>20 medicine cabinet?</p> <p>21 A. I have no idea, no.</p> <p>22 Q. So that universe of people in the</p> <p>23 Drug Court who have an opioid use disorder</p> <p>24 that had some connection to a prescription</p> <p>25 opioid, you would have to do a lot of work to</p>
<p style="text-align: right;">Page 267</p> <p>1 MR. BADALA: Objection to form.</p> <p>2 THE WITNESS: No. Because, like I</p> <p>3 said, the TASC case managers do not have</p> <p>4 authority to do an OARRS report.</p> <p>5 I had stated before that is in the</p> <p>6 second part process, and that's done by</p> <p>7 the probation staff.</p> <p>8 And I do not know -- I'm not an</p> <p>9 OARRS expert. I do not know how far</p> <p>10 back it goes, so I don't know if we</p> <p>11 would be able to look back and see that</p> <p>12 when he started using opiates at the age</p> <p>13 of 17, if it would come up in an OARRS</p> <p>14 report. I'm sorry. I do not know that</p> <p>15 answer.</p> <p>16 BY MS. RENDON:</p> <p>17 Q. And that's true for the entire</p> <p>18 population of the Drug Court; isn't that</p> <p>19 correct?</p> <p>20 MR. BADALA: Objection to form.</p> <p>21 THE WITNESS: I don't know. I do</p> <p>22 not know because I'm not an OARRS</p> <p>23 expert.</p> <p>24 BY MS. RENDON:</p> <p>25 Q. No. So that's what I'm saying.</p>	<p style="text-align: right;">Page 269</p> <p>1 figure out how many of those people ever had</p> <p>2 a prescription for an opioid, correct?</p> <p>3 MR. BADALA: Objection to form.</p> <p>4 THE WITNESS: The universe of</p> <p>5 people? I don't know.</p> <p>6 BY MS. RENDON:</p> <p>7 Q. How would you go about determining</p> <p>8 how many current clients in the Drug Court</p> <p>9 ever had a legitimate prescription for an</p> <p>10 opioid?</p> <p>11 MR. BADALA: Objection to form.</p> <p>12 THE WITNESS: How would I</p> <p>13 determine if any individuals currently</p> <p>14 in the Drug Court program have ever</p> <p>15 legitimately had a prescription for</p> <p>16 narcotics?</p> <p>17 It would be impossible because the</p> <p>18 OARRS didn't always exist. If I had an</p> <p>19 individual that was 51 years old, it</p> <p>20 would be impossible for me to, for a</p> <p>21 fact, determine if they had ever been</p> <p>22 given prescription narcotics.</p> <p>23 BY MS. RENDON:</p> <p>24 Q. So there's literally no way to</p> <p>25 figure out the answer to that question; is</p>



<p style="text-align: right;">Page 270</p> <p>1 that right?</p> <p>2 MR. BADALA: Objection to form.</p> <p>3 THE WITNESS: There's no way for</p> <p>4 me to figure out the answer to that</p> <p>5 question.</p> <p>6 BY MS. RENDON:</p> <p>7 Q. Are you aware of anybody else who</p> <p>8 would have the ability to figure out the</p> <p>9 answer to that question?</p> <p>10 A. I am not.</p> <p>11 Q. You were shown not too long ago</p> <p>12 Exhibit 13, which I think is still in front</p> <p>13 of you. It's an email chain from</p> <p>14 October 10th of 2017.</p> <p>15 If you could pull that back out</p> <p>16 again.</p> <p>17 MR. BADALA: What exhibit?</p> <p>18 MS. RENDON: 13.</p> <p>19 A. This is the email from Lou Lamarca</p> <p>20 again?</p> <p>21 Q. Correct. You work with</p> <p>22 Lou Lamarca, correct?</p> <p>23 A. Yes.</p> <p>24 Q. Did you ever contact him and</p> <p>25 question his statement in this email that "it</p>	<p style="text-align: right;">Page 272</p> <p>1 and discuss with him the statement in his</p> <p>2 email that, "Although it's a small sample</p> <p>3 size, out of approximately 150 patients" --</p> <p>4 that he saw -- "a majority began using</p> <p>5 opioids just for recreational purposes"?</p> <p>6 A. I did not.</p> <p>7 And, Carole, I don't recall</p> <p>8 reading this email when it came across my</p> <p>9 email feed.</p> <p>10 Q. And that's fine.</p> <p>11 A. Okay.</p> <p>12 Q. I'm just asking if you ever had</p> <p>13 any conversation with him about it.</p> <p>14 Did you ever contact him to let</p> <p>15 him know that this was inconsistent with your</p> <p>16 understanding of the population of the</p> <p>17 Drug Court?</p> <p>18 A. I did not.</p> <p>19 Q. And the Drug Court size is about</p> <p>20 the same size as the population that</p> <p>21 Dr. Tallman was looking at, about 150 people?</p> <p>22 A. I did not write it. I do not</p> <p>23 know.</p> <p>24 Q. No. I'm just asking you -- not</p> <p>25 about the email. Assuming that his statement</p>
<p style="text-align: right;">Page 271</p> <p>1 is rare for one of our clients to have</p> <p>2 started with a medically-necessary opioid</p> <p>3 prescription"?</p> <p>4 MR. BADALA: Objection to form.</p> <p>5 THE WITNESS: No.</p> <p>6 BY MS. RENDON:</p> <p>7 Q. Did you ever have any conversation</p> <p>8 with Mr. Lamarca about his statement in this</p> <p>9 email?</p> <p>10 A. I did not.</p> <p>11 Q. Did you ever tell him that your</p> <p>12 understanding of the population of the Drug</p> <p>13 Court was inconsistent with what he said here</p> <p>14 in this email?</p> <p>15 A. I did not.</p> <p>16 Q. The prior email in the email chain</p> <p>17 came from Tom Tallman, who you also work</p> <p>18 with, correct?</p> <p>19 A. It's Dr. Tallman.</p> <p>20 Q. Dr. Tallman.</p> <p>21 A. Yes.</p> <p>22 Q. I said "Tom Tallman." That's his</p> <p>23 first name, right?</p> <p>24 A. That is correct.</p> <p>25 Q. Did you ever contact Dr. Tallman</p>	<p style="text-align: right;">Page 273</p> <p>1 is accurate, that his sample size was 150,</p> <p>2 that's similar in size to the number of</p> <p>3 clients in the Drug Court, correct?</p> <p>4 A. In the Drug Court program, around</p> <p>5 about, yes.</p> <p>6 Q. That's all I was asking, those are</p> <p>7 two similar sizes of people?</p> <p>8 A. Two similar numbers, yes.</p> <p>9 Coincidentally, yes.</p> <p>10 Q. And then, lastly, the email that</p> <p>11 started this email chain from Mr. Caraffi.</p> <p>12 Did you ever have a conversation</p> <p>13 with Mr. Caraffi about this email and the</p> <p>14 study that he forwarded onto this group?</p> <p>15 A. No. Because like I said, I do not</p> <p>16 recall reading through this email.</p> <p>17 Q. And did you ever have a</p> <p>18 conversation with Mr. Caraffi in which you</p> <p>19 discussed with him the fact that you thought</p> <p>20 a much higher percentage of the population of</p> <p>21 the Drug Court population may have started</p> <p>22 with prescription opioids than is reflected</p> <p>23 in this email chain?</p> <p>24 A. I did not.</p> <p>25 Q. Did you ever have a conversation</p>

<p style="text-align: right;">Page 274</p> <p>1 with Dr. Gilson about that?</p> <p>2 A. I did not.</p> <p>3 Q. We spent a lot of time today</p> <p>4 talking about sort of the Drug Court and when</p> <p>5 it started and how it's developed over time.</p> <p>6 You were there on day one; is that</p> <p>7 right?</p> <p>8 A. That is correct.</p> <p>9 Q. In fact, you were there before day</p> <p>10 one, because you were working for the</p> <p>11 Cleveland Drug Court before the county even</p> <p>12 had its own Drug Court?</p> <p>13 A. I was not -- I was there in</p> <p>14 County's day one, not Cleveland's. No.</p> <p>15 Q. No. But, I mean, you were</p> <p>16 involved in a Drug Court program in the</p> <p>17 county, that being the City of Cleveland's</p> <p>18 Drug Court program, before the county even</p> <p>19 had its own county-wide Drug Court?</p> <p>20 A. That is correct.</p> <p>21 (Email chain, RE: Drug Court,</p> <p>22 Bates CUYAH_010715371 through</p> <p>23 010715372, marked as Deposition</p> <p>24 Exhibit 16.)</p> <p>25</p>	<p style="text-align: right;">Page 276</p> <p>1 Q. -- "and I met this morning to</p> <p>2 review our options to respond to our SAMHSA</p> <p>3 Drug Court award."</p> <p>4 A. Yeah, I'm sorry. I was still</p> <p>5 reading it.</p> <p>6 Q. Oh, I apologize. Tell me when</p> <p>7 you're ready.</p> <p>8 A. And you want me to read the last</p> <p>9 paragraph?</p> <p>10 Q. No. I was just going to ask you a</p> <p>11 question about the email at the bottom --</p> <p>12 right here at the bottom of the first page.</p> <p>13 A. Okay. Let me read it through then</p> <p>14 first.</p> <p>15 Q. Okay.</p> <p>16 A. (Reviewing document.) Okay.</p> <p>17 Q. Okay.</p> <p>18 So that email is dated</p> <p>19 October 25th of 2010; is that correct?</p> <p>20 A. That is correct.</p> <p>21 Q. And Dan Peterca indicated that, in</p> <p>22 the Drug Court award:</p> <p>23 "We explain that in the last six</p> <p>24 months, the felony Drug Court has</p> <p>25 seen a dramatic rise in candidates</p>
<p style="text-align: right;">Page 275</p> <p>1 BY MS. RENDON:</p> <p>2 Q. I'm showing you what has been</p> <p>3 marked as Exhibit 16 for your deposition.</p> <p>4 And this is another email chain.</p> <p>5 At the bottom, it bears the Bates</p> <p>6 stamp CUYAH_010715371, and the backside is</p> <p>7 15372. And I'm going to just direct your</p> <p>8 attention to the front side of this email</p> <p>9 chain.</p> <p>10 You've already identified who</p> <p>11 Greg Popovich is. You've already identified</p> <p>12 who Dan Peterca is, correct?</p> <p>13 A. That is correct.</p> <p>14 Q. And those are the same</p> <p>15 Greg Popovich and Dan Peterca in this email</p> <p>16 chain?</p> <p>17 A. I believe so.</p> <p>18 Q. And there is an indication in the</p> <p>19 email that's on the bottom half of the front</p> <p>20 side of this email that there's going to be</p> <p>21 an application for SAMHSA Drug Court funding;</p> <p>22 is that right?</p> <p>23 Do you see that? "The folks</p> <p>24 copied on this email" --</p> <p>25 A. Yes. I'm sorry.</p>	<p style="text-align: right;">Page 277</p> <p>1 with a heroin and opiate diagnoses."</p> <p>2 It's not grammatically correct,</p> <p>3 but I read it exactly as it's there, correct?</p> <p>4 A. That is correct.</p> <p>5 Q. And the felony Drug Court is the</p> <p>6 County Drug Court?</p> <p>7 A. That is correct.</p> <p>8 Q. And that's the court where you're</p> <p>9 the administrator?</p> <p>10 A. I'm the coordinator, correct.</p> <p>11 Q. Coordinator.</p> <p>12 And so, as the coordinator of the</p> <p>13 felony Drug Court in October of 2010, is your</p> <p>14 memory consistent with what Mr. Peterca wrote</p> <p>15 in this email at that time that in the prior</p> <p>16 six months, the felony Drug Court had seen a</p> <p>17 dramatic rise in candidates with a heroin and</p> <p>18 opiate diagnosis?</p> <p>19 MR. BADALA: Objection to form.</p> <p>20 THE WITNESS: Yes.</p> <p>21 BY MS. RENDON:</p> <p>22 Q. And at if top of this email chain,</p> <p>23 there's an email from Greg Popovich, same</p> <p>24 day, just a little later in the day, in which</p> <p>25 he replies and says:</p>